OI VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05076

05074

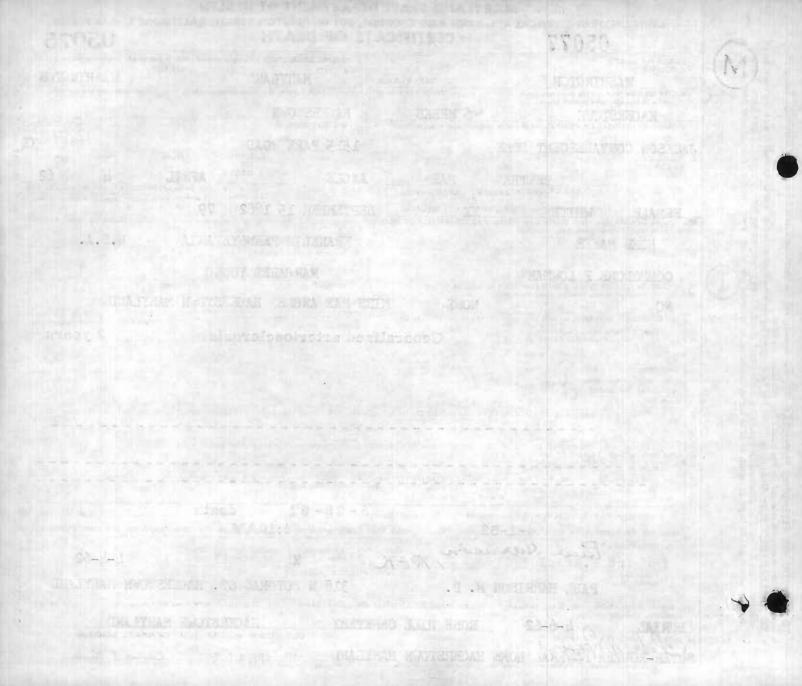
	1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where decessed lived, If institution: Res	idence before edmission)
)	a. COUNTY	a, STATE b, COUNTY			
/	Washington	MARYLAND	Maryland		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate limits, write RURAL and g	ive neerest town)
	Smithsburg R # 2	22 Yrs	X Smithsb	urg R # 2	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
	Cavetown-Boonsboro Pik	e	Cavetown-B		YES NO
ì	3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Yeer
1	(Typa or print) JOHN	WESLEY A	MBROSE	DEATH April 22	196219
/	5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE last birthdey) Months De	
	Male White widowi	DIVORCED _	March 2 18	88 74 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	Farmer Se	lf Employed	Hagersto		USA
	George L. Ambrose		Emma H	ose	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Hyes give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	No 32	0-34-0904 Mr	s Emma E.	Ambrose Smithsbur	g R # 2
	18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), end (c).]	_ Maryla	nd	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	erelast	7/1/2000	alone.	2 4 low
	DUE TO	- Vicy	1		
И	2221	1	Nasa	1.	10 415
71	Conditions, if any, which (b) fry	alrement	or asau	lar of usera	10 2925
H	(e), stating the underlying DUE TO	700 0	alan - a si	12. 1. 1.	Muses
H	cause last. (c) Cr	new 0	curve	general any egg	1070
H	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN INPART 1	19. WAS AUTOPSY PERFORMED?
	L			4 (//	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CO. 208. ACCIDENT WAS UNDERLYING 20b. DE: 0. CONTRIBUTING CAUSE OF DEATH ILLE THERE, NOTIFY MEDICAL EXAMINER!	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pet I or Pert II of item 18.)	
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n. ' 20f. (City or town) (County	y) (Stete)
9	20c. TIME OF INJURY Month, Dey, Yeer 20d. While Hour e.m. While two	1	ory, street, office bldg., etc.		(31010)
				i	
	21. I certify that (I) (this hospital) after			7	1
	saw the deceased alive darpail2	2196.2, and that	death occured attack	Martom the causes and on the	
	22a. SIGNATURE	1.1m	Total Control of the	MED. STAFF	22b. DATE SIGNED
	1.4.100	m w	.D. PHYS. X D	DIRECTOR PHYS. Cypry	23/962
1	22c. PHYSICIAN'S NAME (Type) A. 18 D h	Ler	228. ADDRESS	inthe low s	mid
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(State).
	REMOVAL (Specify)			Hacianata	co Md.
	Burial 4/25/62	Rose Hill C	emetery 25a, REC	Hagerstown Wash	00
1	Andrew K. Coffman H			APR 2 6 '62 Cathur 9	
		SPOTE OCHITI TOTAL	I DAIL F	The state of the s	- / Classes

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OSO77 CERTIFICATE OF DEATH 05077 05075

			00010			
i. PLACE OF DEATH a. COUNTY			f Institution: Residence before edmission)			
WASHINGTON MARYLAN	a. STATE MARY	LAND b. cou	WAS HINGTON			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN			te RURAL and give neerest town)			
write RURAL and give neerest town)	HAGERSTOW	N 12				
HACERSTOWN 6 WEEKS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE			
		1	ON A FARM?			
JACKSON CONVALESCENT HOME	1515 PARK		YES NOXX			
NAME OF First Middle DECEASED	Last	4. DATE Mon				
(Type or print) BERTHA MAE	ANGLE	DEATH APRIL	4 19 62			
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeer last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
WIDOWER DIVORCED	SEPTEMBER 15	1882 79 yrs.	Months Days Hours Min.			
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU		unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY			
one during most of working life, even if retired)	TOTO ADDIECT THE	TOTONINICTATE AT A NET A	TI C A			
HOME MAKER 3. FATHER'S NAME	14. MOTHER'S MAIDEN	PENNSYLVANIA	U.S.A.			
1 PATTER & TATATA						
COMMODORE F LOWMAN	MAR GA					
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 Yes, no, or unkown) (Ifyesgivewerordatesofservice)	7. INFORMANT	Addre				
NO NONE N	MISS MAE ANGLE	HAGERSTOWN M	LARYLAND			
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	F-19197-718-1		ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Generalized arteriosclerosis 3						
11/6	IIICA GILGAION	OCTOT ONTO	3 years			
O DUE TO						
Conditions, if eny, which (b)						
(a), steting the underlying DUE TO						
ceuse lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
			YES T NO T			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINED.	URED. (Enter neture of injury in	n Pert I or Pert II of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)						
	NACE OF BUILDING	1 204 (6/21)	(Country) (State)			
20c. IME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. Hour e.m. While Not While at work at work at work	. PLACE OF INJURY (Home, fe factory, street, office bldg., e	itc.) 20f. (City or town)	(County)(Stete)			
p.m. 19 at work at work						
21. I certify that (I) (this hospital) attended the deceased from	_{om} 5 - 25 - 61	19 death	, 19, that (I) (we) las			
saw the deceased alive on $4-1-62$	that death occured at:		and on the date stated above			
220. SIGNATURE Pul Harroson	ATTENDING _	MED. STAFF	22b. DATE SIGNED			
(Robert F. Keadle) RFK	M.D. PHYS.	DIRECTOR PHYS.	4-4-62			
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) PAUL HARRISON M. D.	318 N POT	OMAC ST. HAGE	RSTOWN MARYLAND			
3a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City,	own er county) (State)			
REMOVAL (Specify)	EMETEDV	HAGERSTOWN M	ARYT, AND			
	EMETERY 25a P	EC'D BY REGISTRAR 25b. F	AUGUS ALF TOTAL			
(Hanker M Kouser		LC D DI REGISTRAR 230. F	SOLUTION S SIGNATURE			
SUTER-ROUZER FARRAL HOME HAGERSTOWN MA	ARYLAND DATE	APR 1 0 '62	arily & Thouse			



PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence belore edmission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 side corporate limits, write RURAL and give street address IS RESIDENCE ON A FARM? NO Z completely 3. NAME OF DECEASED OF DEATH (Type or print) 1962 5. SEX OR RACE 7. MARRIED THEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and ATION (Give kind of work life. even of retired) attending 0 (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 days PREUMONIA IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. (this desired) attended the deceased from 4. saw the deceased alive on. 4 .196.2, and that death occured at 7.23.M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 0.9 25a, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR 162 arthur & Thousa

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1925 The Mark and the state of the state of Market Service Contraction of the Service Serv Marketter Will Exist State State Colored 22 X = 2 Mark & 1847 95 Part Court of Contract of the security of the Secretary of the second second 214-05 Pill 420 Charles Color D. Eugen ? Charles till The same of sections in the section of the section 2 1000 The second of th 2-444-6 THE SHEET WAS A DESCRIPTION OF THE PARTY. Lie to the second of the the the second of the Breeze Doright I State of the Commence of the The example the second second of the second second

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

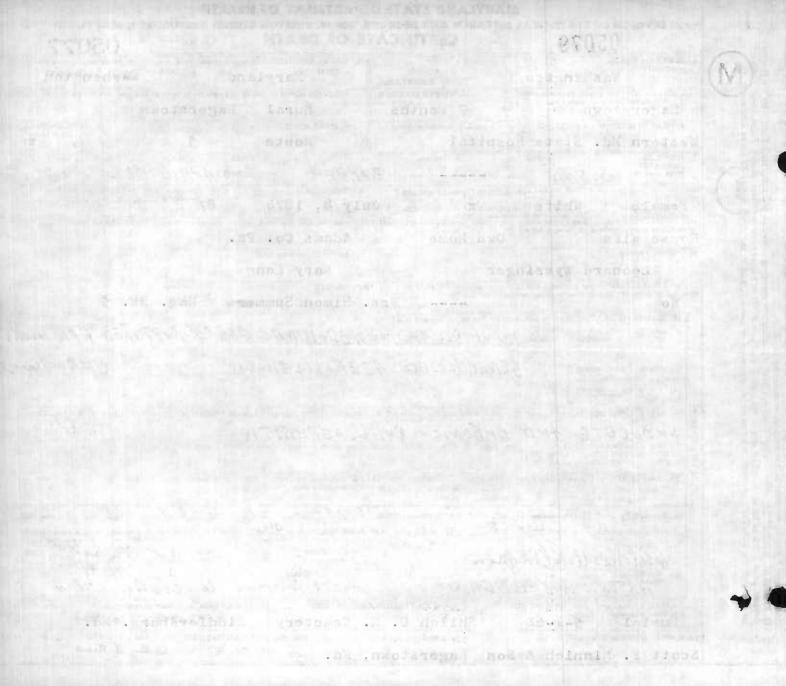
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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, If Institution: Residence before edmission)						
Washington MARY	A. STATE Maryland b. COUNTY Washington						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
Hagerstown 7 Month	ns X Rural Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddre	ess) d. STREET ADDRESS e. IS RESIDENCE						
Western Md. State Hospital	Route 5 YES NO F						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer						
(Type or print) SUSAN	BARBER DEATH APRIL 28 1962						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED							
Female White WIDOWED TO DIVORCED	July 4, 1874 Styrs. Months Deys Hours Min.						
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY						
done during most of working life, even if retired) House Wife Own Home	Adams Co. Pa.						
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME						
Leonard Wyssinger	Mary Long						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO							
(Yes, no, or unkown) (If yes give war or detes of service)							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSELAND DEATH ONSELAND DEATH							
PART I. DEATH WAS CAUSED BY: ANFURICA OF THE ABDOMINAL BORTA-RUPTURED FEW HOUR							
451X DUE TO							
Conditions, if eny, which) (b) RENERALIZED	ATEROSCIEROSIS UNKNOW						
geve rise to immediate cause	17 12 170 300 2110 213						
(e), steting the underlying DUE TO							
cause lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
S SUBACUTE AND CHRONIC	PYELONEPHRITIS YES IN NO []						
	OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While Not While et work et work	2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.)						
p.m. 19 at work et work							
21. I certify that (I) (this hospital) attended the deceased	from 10-19- , 1961, to 4-28 , 1966, that (1) (wa) last						
	nd that death occured at						
220. SHENATURE	DATE DATE						
Milouis y tellogram	M.D. ATTENDING MED. STAFF PHYS. SIGNED						
22c. PHYSICIAN'S	22d. ADDRESS						
MAMATONIO U. PALLACHOSI	1500 Ta HVC Haderstown 17h						
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	MÉTERY OR CREMATORY (23d, LOCATION (City, lown or county) (Stote)						
REMOVAL (Specify)							
	J. B. Cemetery Fiddlersburg. Md.						
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Scott F. Minnich & Son Hagerst	cown. Md. DATE MAY 2 '62 Cuthur S. Marie						



		OF STATISTICAL				301 W. PREST			RE 1, MA	ARYLAN	ID
	05	080		CERTIFIC	ATE	OF DEAT	H		0	507	8
	PLACE OF DEATH				11 :	. USUAL RESIDEN	ICE (Where			denca bafore	admission)
	WA	SHINGTON		MARYLA		a, STATE MARYL		b. COUNTY	WASH	INGTO	
	 b. CITY OR TOWN (if write RURAL and 	outside corporata limits, give neerest town)	c.	LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside co	rporata limits, write F	RURAL and gi	ve nearast to	own)
	CHEWSVILL			18 YEARS		X CHEWSVILL	E				
		AL OR INSTITUTION (if n	ot in hospita	, give straet address)		d. STREET ADDRESS NONE				Oi	RESIDENCE N A FARM? NO [7]
3.	NO STRE	First LEGI		Middle		Last	4. DATE	Month	D		ear
-	DECEASED (Typa or print)	7 77 7 77	17	er torom		DECK	OF DEAT	H ADD TT	1.	19	962
5.	SEX	6. COLOR OR RACE 7.		SEIBERT	7 B.	BECK DATE OF BIRTH		9. AGE (In years II	F UNDER 1 YE		ER 24 HRS.
	FEMALE		VIDOWED T			GUST 31 187	2		Months Day		Min.
10a	. USUAL OCCUPATI	ON (Giva kInd of work rking life, avan if retired)	1Db. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cou	nty & Stata,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	HOME MAKE					FRANKL IN	PENN	SYLMANIA	U.S	-A-	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
		SEIBERT				BARBAR	A FRIE				
		R IN U.S. ARMED FORCE yasgivawarordatasofserv	ica)	ONE		JOHN W CAE	वा. वा	Addrass CHEWSVIII	T MARY	TAND	
		EATH [Entar only ona ca			PHO	SOIN W OAL	TIE OIL	OTTEMO A TET	D PIMILE	INTERVAL E	FTWFFN
	PART I. DEATH	WAS CAUSED BY							- 5	ONSET AN	
	1100	MMEDIATE CAUSE (a)	Pneum	onitis						3 day	/S
	4-20	DUE TO									
	Conditions, if eny gava rise to immadia		Arteri	osclerotio	Car	rdio Vascul	ar Dis	ease		10 ye	ears
	(a), stating tha ur										
	causa last.) (c)_				•					
NO	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRI	BUTING TO DEATH B	TON TU	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	N IN PART 1(a		AUTOPSY FORMED?
ATI										YES	NO v
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING 2	Ob. DESCRI	BE HOW INJURY OC	CURED. (Enter nature of injury in	Part I or Par	t II of itam 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year	Whila	JRY OCCURRED 20 Not Whila at work		OF INJURY (Homa, far , straet, offica bldg., at		lity or town)	(County)		(Stata)
	21. I certify I	nat (I) (this hospital) attended	the deceased f	rom	3-1-	19.62, 1	0. 1.	, 1962.	, that (1)	(we) last
	saw the deceas	ed alive on43.		1962., and	that d	leath occured at	M, fro	m the causes a	nd on the	date stat	ed above
	22a. SIGNATURE	1	. /	. ,						2	2b. DATE
		191)	1	X	M.D.	ATTENDING X	MED. DIRECTOR	STAFF PHYS.	APRIL	6 19	62 SIGNED
	22c. PHYSICIAN'S	No long	300	0	7,110	22d. ADDRESS					
	NAME (Typa)	E.W.DITTO	JR. M.	D.		215 W WAS	HINGTO	N ST. HAG	ERSTOW	N MAR	YLAND
234	BURIAL, CREMATIC	ON, 236. DATE THEREC		C. NAME OF CEME	TERY OR	CREMATORY	23d. LO	CATION (City, town			(State)
	REMOVAL (Spacify)	4-6-62		REST HAVE	T CER	VETERY	HACE	ERSTOWN MA	RYT AND		
24	PORTAL DECTOR	^		ADDRESS	A OLD	And the state of t		ISTRAR 25b. REGI		NATURE	
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	AND THE RESERVE OF THE PARTY OF	Service	
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			28-3-4 4/7(0)
Hart Black Carrier	THE ALLEY DONNE CONTROL	K HADESIEDAH BE	DI MATERIA - TOTAL

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	DIVISION OF STATISTICAL RES			OF HEALTH ON STREET, BALTIMOR 'H	e 1, maryland 05079
	PLACE OF DEATH			ICE (Where decessed lived, If instit	ution: Residence before edmission)
	Washington	MARYLAND	a. STATE Mary 1	Land b. COUNTY	Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write RU	RAL end give neerest town)
	Hagerstown	10 days	Rura]	L- Mt. Airy	10X.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	Western Md. State	Hospital	RD#3,	, Penn Shop Rd	
3.	NAME OF DECEASED (Type or print) Rivies	Middle Br	Last	4. DATE Month OF DEATH	Dey Year 1962
5.	SEX 6. COLOR OR RACE 7. MAI		8. DAYE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.
		WED DIVORCED	Feb. 27,18		onths Deys Hours Min.
	. USUAL OCCUPATION (Give kind of work 1Dt	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
60	Painter	Buildings	Campbell	Co. Tenn.	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0.022
	William H. Bridg	es	Catheri	ne Foust	
15.				Address	
(10	was deceased ever in u.s. armed forces? s, no, or unkown) (lifyesgivewerordetesofservice) No	14-16-1484	Mr. Ollie	Bridges, New	Market. Md.
	33/X DUE TO	cobular Pres Rebro-vascula Romand arke	,	nt	3 years 20 years
Z	PART II. OTHER SIGNIFICANT CONDITIONS		OT RELATED TO THE TERM		N PART 1(a) 19. WAS AUTOPSY
CATIO			Timber II		PERFORMED? YES NO
CERTIFICATION	2Db. ACCIDENT WAS UNDERLYING 2Db. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Pert II of item 18.)	
MEDICAL	Hour e.m. W	hile Not While fac	ACE OF INJURY (Home, fer trory, street, office bldg., etc.	c.)	(County) (State)
	21. I certify that (I) (this hospital) at	ended the deceased from.	Cepril 6	1962 10 CUPTI/14	
	saw the deceased alive on Cepril	141.19.604, and tha	t death occured at Z.		
	220. SIGNATURE	Ramas,		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED, Capril 14, 1962
	22c PHYSICIAN'S	. Ramos, mi	22d. ADDRESS Le	Jestern ma, State	I HOSPITAL
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	
	Burial 4/17/62	Montgome		Clagettsv	ille, Md.
24	FUNERA DIRECTOR'S SCHATURE	Damascu	s, Md.	C'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE

DATE ADR 1 8 '62

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	. meT of fredeman	Bec (6) Louis	70	driet
	Continuing Found		e mail	
ar derive y	r. 01116 buildesc, le	214-17-1484		
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		2,778/21 249800		
		mary market		
	111/2 23 2/21/			
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY y is necessary, director. Page Washington Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Hagerstown Hagerstown vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS Washington County Hospital N. Locust 3. NAME OF Middle 4. DATE DECEASED may be refr with the cours after de OF (Type or print) DEATH Harry Clayton Carper 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Male WIDOWED | DIVORCED | Dec. 1897 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Clerk Retail Store White Post. Vas. Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Carper y" in pencil in Item 18, Gives Office along with form P burial-transit permit. File 1 Elizabeth Grubbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 214-09-0805 Mrs. Dorothea C. Carper Hag. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (e) Pulmonary Congestion & Edema DUE TO Coronary Atherosclerosis, Severe KAMINER: This certificate shouly, writing the word "pending" in the Chief Medical Examiner's Of Page 3 should be used as a bury to burial, cremation, or remov gave rise to Immediate cause DUE TO (e), stetling the underlying Cardiac Hypertrophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work forwarded to th 21. I certify that I took charge of the remains described above, held an Autopsy | x |. Inspection Suicide death resulted from: Natural causes Tr Homicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER should NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, REMOVAL (Specify) 2408 Rose Hill Cemetery Burial 23. FUNERAL DIRECTOR ADDRESS VS. AISME

RYLAND STATE DEPARTMENT OF HEALTH

b. COUNTY

April

Washington

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T NO

> > (State)

and in my opinion

DATE SIGNED

(Stete)

Recent

(County)

e. IS RESIDENCE ON A FARM?

YES NO T.

19 62

Undetermined manner ASSISTANT MEDICAL EXAMINER April 14, 1962 Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) Hagerstown, Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown, Md. 5M 9/60 DATE APR 1 7 '62 arthur & through

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death within 24 hours after The law requires that the death certificate be exec with the State Dept. of Health ATTENDING OR TO HERITAL
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VR A15 (4)

20 4	MARYLAND STATE DEPARTM
23	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W.

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CER		IG CAUSE OF DEATH									
SAL	20c. TIME OF IN	JURY Month, Day, Ya	or 20d.	INJURY OCCURRED 20e		CE OF INJURY (Homa, farm		City or town)	(County)	40.00	(State)
MEDICAL	Hour a.m.		While at wor		fact	ory, street, offica bldg., atc	.)				
2	p.m. 17										
	21. I certify that (I) (this hospitel) attended the deceased from June 25. 1960 to Apr. 23, 1962 that (I) (we) last saw the deceased alive on Apr. 22										
			Charles Co	196 and	that	death occured et	12.M, 110	om the causes	and on the		DATE
	ATTENDING MED. STAFF										
	22c, PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS										
	NAME (Typ		Ditte	o 111, M.D.		217 W. 1	Washir	igton St.	, Hagers	town,	Md.
	DUDIAL CREAT	TION, 236. DATE THE	FOE	23c. NAME OF CEMET	EDV /	OR CREMATORY	1234 10	CATION (City, tov	wn or county)	15	teta)
231	REMOVAL (Spacif					Caretari	NA 44	a marata			

4/26/62

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

23d. LOCATION (City, town or county) Hagerstown Wash Co Md.

24 FUNERAL DIRECTOR'S SIGNATURE andrew K.

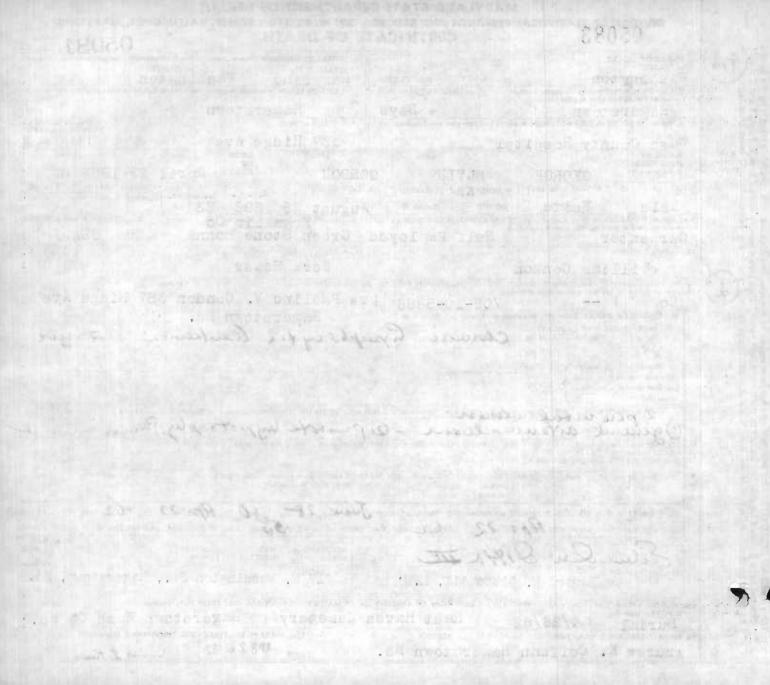
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REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

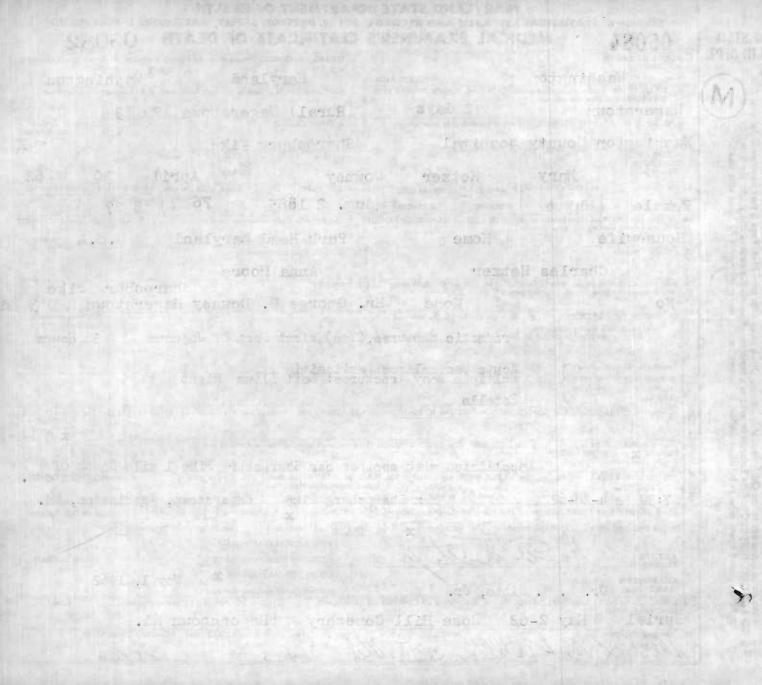
Coffman Hagerstown Md.

APR 2 6 '62

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) e. COUNTY y is necessary, I director. Page or your files. b. COUNTY Washington Maryland MARYLAND Washington b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) days Hagerstown Hagerstown RFD #3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar . IS RESIDENCE ON A FARM? Washington County Hospital Sharpsburg Pike YES NO T 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Downey 62 Hetzer April 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS 76 irthdey) Aug. Female WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Park Head Maryland Housewife Home U.S.A pages Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hetzer Anna Moore 16. SOCIAL SECURITY NO. | 17. INFORMANT Sharpsburg Pike (Yes, no, or unknown) | (If yes give we ror detes of service Office along with burial-fransit permi Mr. George B. Downey Hagerstown RFD 3 Md None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Traumatic Ruptures (Two) First Part Of Jejunum 36 Hours DUE TO (b) Acute Generalized Peritonitis Multiple Bony Fractures: Left Conditions, if any, which geve rise to Immediate cause (a), steting the undarlying cause lest. (c) Patella be used nation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Incollision with another car Sharpsburg Pike 1 mile South Of 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, (County Hagers town. factory, street, office bldg., etc.) Not While ol work & Sharpsburg Pike at work Hagerstown, Washington, Md. DIRECTOR: 21. I certify that I took charge of the remains described above, held en Autopsy Inspection Inquiry | and in my opinion Accident death resulted from: Natural causes Suicide Homicide Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED d be fo SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnoys NAME (Type) E. W. Ditto. Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) May 2-62 Rose Hill Cemetery Burial g40 Hagerstown Md. ō 23 FUNERAD DIRECTOR 24a. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 162 arihur & Thrus



CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Washington Washington by the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give nearest town) Hagerstown Hagerstown vears filled in Pages affe d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? Marbern Road Marbern Road YES NO X completely 3. NAME OF Middle DATE Month DECEASED OF (Typa or print) ROY MADISON EASTERDAY DEATH 1962 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) | Months September30,1876 male white WIDOWED 10a. USUAL OCCUPATION (Give kind of work attending physician Then please remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) self emplyed Ret.Carpenter Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Martin V. Easterday Susan Palmer Marbern Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unknown) | (If yes give war or dates of service) 214-09-3826 Mrs. Margaret Ruth. Hagerstown. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 1. DEATH WAS CAUSED BY: Cachexia 2 months IMMEDIATE CAUSE (a) has been signed e burial-transit po DUE TO Abscesses, multiple, right leg 2 months. gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? Arteriosclerotic heart disease, cerebral arteriosclerosis NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20e, PLACE OF INJURY (Home, farm, may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. al work al work 21. I certify that (I) (this hospital) attended the deceased from 2-24-62......, 19....., to death......., 19....., that (I) (we) last , and that death occured at 6:00, AtM the causes and on the date stated above. saw the deceased alive on... 4-30-62 DATE 22a, SIGNATURE TENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert F. Keadle 318 North Potomac Street, Hagerstov 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OL 1962 Rest Haven Hagerstown Wash. Co. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirilmy S. Tiraus 15M 9/60 Paul F. Bittle. Myersville. Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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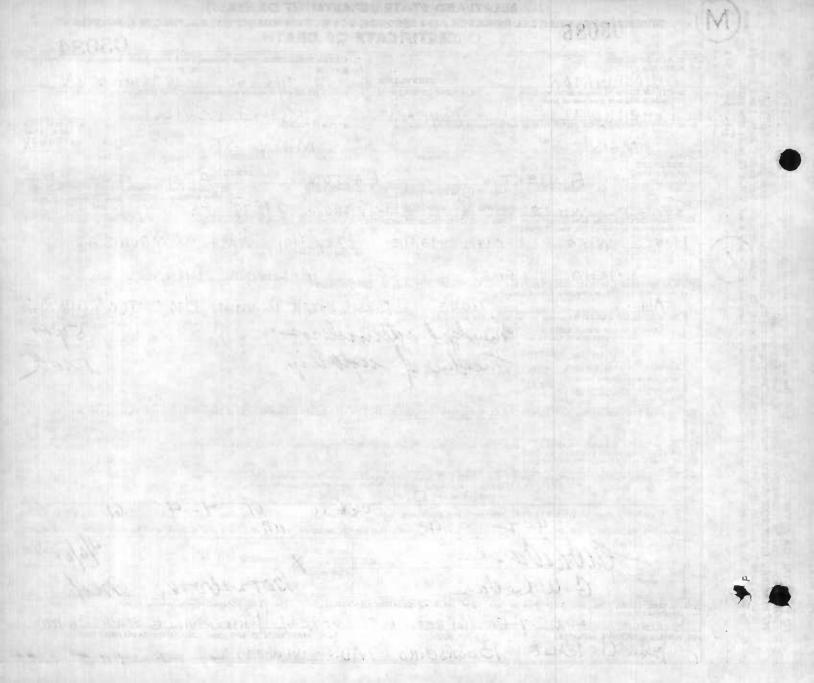
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 女 a. COUNTY b. COUNTY a. STATE NASHINGTON by the and 2 death. MARYLAND WASHINGTON 14 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Pages 1 hours after 41EARS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital e. IS RESIDENCE ON A FARM? YES NO TH completely papers. n 72 ho NAME OF DECEASED OF (Type or print) DEATH ADRIL - - AGE (In years | IF UNDER TYEAR 19 62 with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Deys event, WIDOWED 108. USUAL OCCUPATION (Give kind of work physician бетоле 12, CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired) MOTHER'S MAIDEN NAME HOUSE WIFE OWA TOME 13. FATHER'S NAME please affending MALINDA 0 H/Y 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or dates of service) MRS. GROVER DORMAN HAGERSTOWN MD. R. been signed by the NONE 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which the burial-burial, cre geve rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. Hour a.m. While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 0 YOHRERSVILLE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 DATE APR 162 Only & King

within 24 hours after

The law requires that the death certificate

DEPARTMENT OF HEALTH



1 FOR STATE	MARYLAND STATE DEP Division of STATISTICAL RESEARCH AND RECORDS, 3 MEDICAL EXAMINER'S		MARYLAND
HEALIH DEPI.	1. PLACE OF DEATH •. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Was	
in director. Par	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and Hagerstown	d give nearest town)
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ath. If any design to the fune to be retained the state after death.	OECEASED (Type or print) Lewis Markell E	berly 4. DATE Month OF DEATH April	29 19 62
5 may 2 may d 2 mit	Male White WIDOWED DIVORCED Fe		13 Hours Min.
hours after ages 1, 2, 3. Page 5 ges 1 and thin 72 h	None None None	Hagerstown, Md.	
within 24 18. Give P form PM. iit. File page	Frank Eberly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no, or unkown) [(fyesgivewerordalesofservice)]	Norma Jean Neff ORMANT Address	
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IER: The waff Medical should read creatingly		r nature of injury in Part I or Part II of item 18.)	
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MEDICAL E. te the certificate forwarded to t L DIRECTOR aled agent, pric	21. I certify that I took charge of the remains described above, held death resulted from: Natural causes X, Accident , Suicide		and in my opinion
D DI TY MI please execute to the should be for D FUNERAL I or its darignated	EXAMINER'S NAME (Type) E. W. DITTO, JR., M. D.	DEPUTY MEDICAL EXAMINER 🛣	-30–62
please 4 shoul O FUN or its d	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR REMOVAL (Specify) Burial 4-30-62 Rose Hill Cem	EMATORY 22d. LOCATION (City, town, or country	(State)
VS. A15ME 5M 7/59	23. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hagerstown,	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE
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TO HOTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect within 24 hours a		the	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 sho	ath.	
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,	death age 4 may be retained by the hospital or attending physician.	A1	5 (4)	(
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CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05089 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Hagerstown 10 VIS. Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 21 East Antietam Street Homewood Church Home YES NO TO 3. NAME OF Middle Lost 4. DATE Dey Year DECEASED ELLEN FUNK April 24, (Type or print) LAURA DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Deys Hours Female WIDOWED 16,1866 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) St. James Wash. Co. Md. Own Home USA. House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Rowland Solomon Funk Williamsport, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Homewood Church Home Records, No 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTÉRVAL BETWEEN ONSET AND DEATH T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny. w (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, † 2Df. (City or town) While Not While et work | et work

factory, street, office bldg., etc.)

ATTENDIN

(County)

(Stete)

saw the deceased alive on 22e. SIGNATURE

PHYSICIAN'S NAME Nype)

PHYS. M.D. 22d. ADDRESS

MED STAFF DIRECTOR PHYS.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Zion E&R Cemeterv 23d. LOCATION (City, town or county) Hagerstown, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

20c. TIME OF INJURY

Hour a.m.

p.m.

ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Andrew K. Coffman, Hagerstown, Maryland DATE APR 26'62

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Charles Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town) write RURAL and give neerast town)
Hagerstown Rock Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARME Western Marvland State Hospital YES NO P NAME OF 4. DATE Middle Last Month Dev Year DECEASED OF (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. NEVER MARRIED birthday) Months Days Min. Hours Male Negro January 1 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Oysterman (Waterman) Charles County , Maryland Ovster Business U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Goosberry Mary Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes giva war or datas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) gava risa to immadiata cause DUE TO (e), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, ferm. 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from. Man saw the deceased alive on, 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. M.D. 226 PHYSICIAN'S 22d. ADDRESS NAME (Type) 123d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREO CREMATORY (Stete) 040:48 REMOVAL (Spacify) Holy Ghost Cemetery Issue Maryland Burial 24 TUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Thank APR 2 5 '62 15M 7/61 Funeral Home, Inc. - La Plata, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Mrs. Margaret E. Goosberry-Wife-Rock Boint, Md. E-Traff

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John Goosterry

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY T a. STATE b. COUNTY by the OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 2 RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) ON A FARM? STREET ADDRESS YES NO completely NAME DATE Middla DECEASED OF (Typa or print) DEATH 1962 9. AGE (In years 5. SEX 6. COLOR 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) pue Months Devs Hours DIVORCED AL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) N.O. Then please HOLMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) physician. KEEDUSVILLE NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BE ONSEL AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 절 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, straet, offica bldg., atc. While Not While Hour e.m. af work at work p.m. DIRECTOR: (I) (this hospital) attended the deceased from. (M) saw the deceased 22a, SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. M.D. ebed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, I 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
APR 2 3 '62 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 DATE

within 24 hours after

death

requires that the

RYLAND STATE DEPARTMENT OF HEALTH

APAM ... E ... CREEK E ... BIKKER LATHER THEIR LAND ON A DESTRUCT BANKER COMMENTAL DEMONSTRUCTURE WILLIAM CARREST HELINANGE TIS-18-101 PARES EDILO S CREEN KEEDOWILLE ME FO The following and well heart with a decorporation Continue of the second of the Colored Donales SHOUL SHEEL IT THE LAW CONSTRUCT MITCHAR WALLES AND - ME I TO SHORE SHORE ME TO SHORE THE SHORE SHORE THE SHORE SHORE

TO HOUTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect. Within 24 hours after death toge 4 may be retained by the hospital or attending physician. Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in approxement, within 72 hours after death. 9.

	MARYLAND STATE DEP.	ARTMENT OF HEALT	TH.	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	301 W. PRESTON STREET,	BALTIMORE 1,	MARYLAND
05092	RESEARCH AND RECORDS, 3 CERTIFICATE	OF DEATH		05090

I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, R	tesidence before admission)				
Washington MARYLAND	a. STATE b. COUNTY	lan code o m				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Maryland Wash:	ington				
	03 Hagerstown					
Hagerstown 5 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Hagerstown d. STREET ADDRESS	. IS RESIDENCE				
	2010 Cambatt St	YES NO				
Western Maryland State Hosp.	last 4. DATE Month	Dey Yeer				
DECEASED	OF OF					
	Jreene April B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	1 1962 YEAR IF UNDER 24 HRS.				
7. MARRIED NEVER MARRIED	last birthday) Months	Deys Hours Min.				
Male White WIDOWED DIVORCED	May 28,1885 76 yrs.					
OB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, Woreign country) 12. CIT	IZEN OF WHAT COUNTRY?				
Laborer Hag. Gas Co.	Martinsburg, Berkly. Sp	U.S.A.				
Nametal Organia	2 2					
Martin Greene 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Susan Smith					
Yes, no, or unkown) (If yes give wer or detes of service)	INFORMANT Address					
no 317-09-2691A	Mrs. Virginia Corsi					
1B. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).]	401. S. Potomac St.	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY LOBULAR PREUMONIA, bil.						
Conditions, if ony, which \ (b) CEREBTO - Vaseular accident						
	galays					
geve rise to immediate cause (e), stating the underlying DUE TO						
cause lest. (c) Generalis ack	PRIOSCIEROSIS	unknown				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY				
Cardio-vascular disease		YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NO CONTRI	D. (Enter neture of injury in Pert I or Pert II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, † 20f. (City or town) (Cou	nty) (Slete)				
Hour e.m. While Not While	ctory, street, office bldg., etc.)					
p.m. 19 et work et work						
	madahaa 10 . (· h · ·) ·	a W that (1) (aug) last				
21. I certify that (I) (this hospital) attended the deceased from	October 19, 1961, 10 April 1 , 196	, Illai (1) (44) lasi				
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Capril 19.62, and that	October 19, 1961, to April 1, 1961 to death occurred at 2,7% from the causes and on the causes are caused as the causes are caused as the cause of th	he date stated above.				
21. I certify that (I) (this hespital) attended the deceased from saw the deceased alive on april 19.42, and the 22e. SIGNATURE	t death occured at 12, 40, from the causes and on t	he date stated above.				
saw the deceased alive on Opril 1, 19 42, and tha 22e. SIGNATURE	at death occured at	he date stated above, 22b. DATE SIGNED				
saw the deceased alive on april 1, 19 42, and the 220. SIGNATURE Victor A. Ramas,	t death occured at	he date stated above, 22b. DATE SIGNED,				
saw the deceased alive on april 1942, and the 220. SIGNATURE Victor R. Ramas,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS WES PERD Md. STATE	he date stated above, 22b. DATE SIGNED, 2pril 1,194:				
saw the deceased alive on april 19.42, and the 22e. SIGNATURE Victor R. Ramas, A 22c. PHYSICIAN'S NAME (Type) VICTOR L. Rainos, M 38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STATE 22d. ADDRESS LUES LEAR INC. STATE PHYS. Hagepshown I mary land	he date stated above. 22b. DATE SIGNED TOSPITAL				
saw the deceased alive on april 19.42, and the 22e. SIGNATURE Victor A. Ramas, A. 22c. PHYSICIAN'S NAME (Type) VICTOR L. Rainos, M. 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS WESTERN Md. STATE Hagepshun Mary land	he date stated above. 22b. DATE SIGNED. 4bsprtal (Stete)				
saw the deceased alive on april	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS WESTERN Md. STATE Hagepshun Mary land	he date stated above. 22b. DATE SIGNED. 4bsprtal (Stete)				
saw the deceased alive on april 19.42, and the 22e. SIGNATURE Victor A. Ramas, A. 22c. PHYSICIAN'S NAME (Type) VICTOR L. Raintos, M. 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS LUCS LERN Md. STATE PHYS. 22d. LOCATION (City, town or county)	he date stated above. 22b. DATE SIGNED HOSPIAL (Stote)				

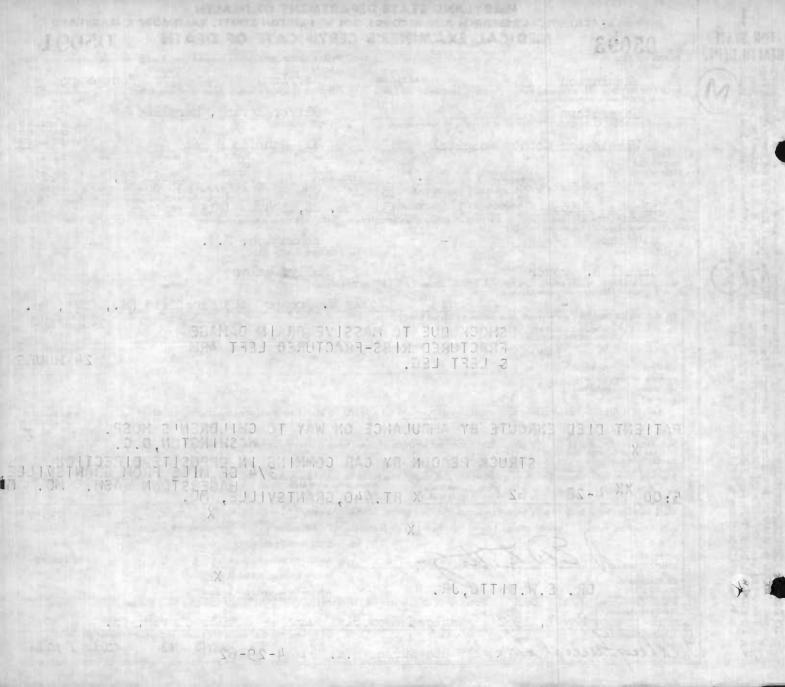
THE RESIDENCE OF THE PARTY OF T THE LEVEL AS THE PARTY OF THE PARTY AND THE LESSE PERALTIME SILVERY PROSE depotes the state of the contraction of the state of the Targo at Fig IV Total Areas Ru-116 11 -- 12 on tebulaciparinaila on S charter ! 4 1/2/15 Excepted Subjection and some Concert for a characteristics Configuration recorded the second contract to the second population and the second sec Contract of the contract of their sea Distance L. Parises mis Hayber and they have with the transfer of the state Andrew K. (Portsan, Miseratown, ad.

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Page Health, b. COUNTY files. Washington
b. CITY OR TOWN (if outside corporete limits, MARYLAND Marvland Mohtgomerv c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. YOUR Jo write RURAL end give neerest town) Silver Spring, Maryland Board Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) for d. STREET ADDRESS IS RESIDENCE ON A FARM? 413 Mansfield Road YES NO T Washington County Hospital 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH JONATHAN В. April 29, GRONER 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) WIDOWED [Male DIVORCED Feb. 26. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, srm PM3. Page done during most of working life, even if relired) Washington, D.C. Student USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel B. Groner Molly Wexler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) 413 Mansfield Rd., SSpg, Md. No Molly W. Groner None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SHOCK DUE TO MASSIVE BRAIN IMMEDIATE CAUSE (e) CTURED RIBS-FRACTURED DUE TO 24 HOURS LEFT LEG. Conditions, if eny, which gave rise to immediate cause DUF TO (e), steting the underlying cause last. emation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? PATIENT DIED ENROUTE ON WAY NO X DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury.)

JCK HEADON BY CAR COMMING IN OPPO 200d. INJURY OCCURRED 200d. PLACE OF INJURY (Home, faux.) 20f. City of John fectory, street, office bldg., etc.) HAGEB 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I WASHINGTON, D. C. 200. EXTERNAL CAUSE WAS PRIMARY OF OCUMENTAL CAUSE OF DEATH. Page 3 s Chief age 3 20c. TIME OF INJURY Month, Dey, Year STOWN 19 62 of work of work to the forwarded to the L DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry and in my opinion death resulted from: Natural causes . Accident Y Homicide Undetermined manner Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) May 1, 1962 National Memorial Park Ø40 rial Falls Church. Va. FUNERAL DIRECTO ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krous

9th Street N.W.

5M 7/59

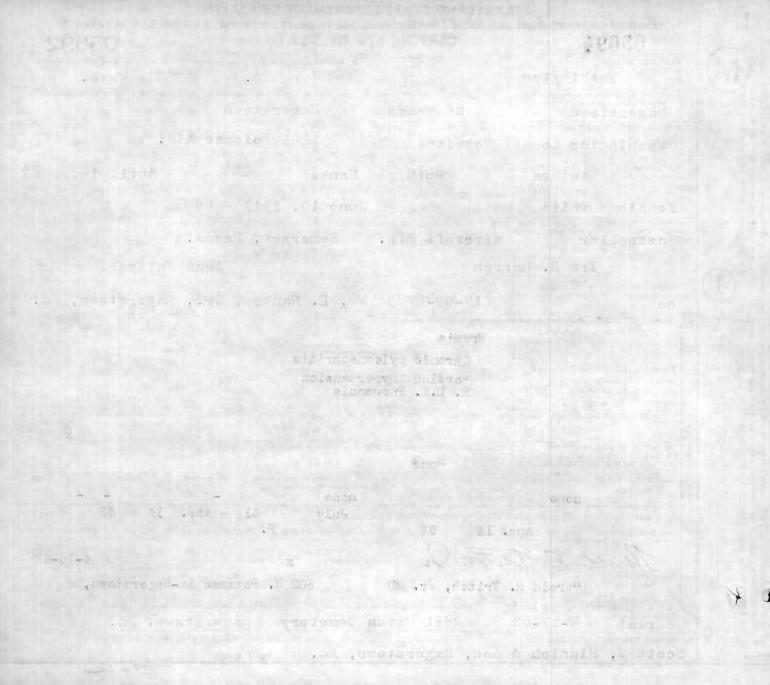


VR A15 (4) 15M 9/60

		MARYLAND	STATE	DEPARTMENT	OF HEALT
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05094 CERTIFICATE OF DEATH 05000

300	70 1					UU	
1. PLACE OF DEA			2. USUAL RESIDEN		ed lived, If inst		
	Washington	MARYLAND	a. JIAIL	Md.	D. COOM11	Wash	le .
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, writa RI	URAL and giva	naerast town)
Hager	and give nearast town)	26 years	12 Hager	stown			
	SPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS				e. IS RESIDENCE
Washi	ngton County H			Potomac	Ave.		ON A FARM?
3. NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Day	Yaar
(Typa or print)	Anthea	Ruth	Hankey	OF DEATH		pril 1	
5. SEX	6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED 8	. DATE OF BIRTH	9. A	GE (In years IF st birthday)	Onths Devs	IF UNDER 24 HRS. Hours Min.
female	white WIDOW	/ED DIVORCED	June 10, 1	.917 4	4 yrs.	lonths Deys	Hours Min.
10a. USUAL OCCUP. dona during most of a SSem 13. FATHER'S NAME	working life, even if ratired)	rind of Business or industrate mfg.		et, Penn	-	12. CITIZEN O	F WHAT COUNTRY
10. PATTER S TAME	Ira R. Barro	n	14. MOTHER 3 MAIDER		na Bal	tzer	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	NFORMANT		Address		
(Yas, no, or unkown)	(Ifyas givewar or dates of service) 2	14-09-8783	Wm. L. Han	kev. Jr	. Hag	erstow	n. Md.
	DEATH [Enter only one cause par				,8		TERVAL BETWEEN
	ATH WAS CAUSED BY:						SET AND DEATH
1 . 1	IMMEDIATE CAUSE (a)	Uremia					
Lange 500	DUE TO	Chronic pyleo	nephritis				
Conditions, if a	ny, which (b)						
gave rise to imme	DITE TO	Cardiac Hype					
(a), stating that causa last.	undarlying	R. L.L. Pneum	onia				
	HER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a) 1	IN WAS AUTOPSY
<u> </u>		THE PROPERTY OF THE	T REENTED TO THE TERM	III THE DISEASE COI	DITION GIVEN		PERFORMED?
₫							YES NO .
	WAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURED	, (Enter natura of injury in	n Part I or Pert II of i	tam 18.)		
	FY MEDICAL EXAMINER)	None					
20c. TIME OF IN			CE OF INJURY (Home, far	rm, 20f. (City or	lown)	(County)	(State)
Hour a.m			ory, streat, offica bldg., at	(c.)			_
				1067 A	14	40.69	
	that (I) (this hospital) atte			_			
saw the dece	ased alive onApr1	419.6.2, and that	death occured at.	E.aM, from th	e causes an	d on the da	
22a. SIGNATUR	eld R. Trit	El In M	ATTENDING PHYS.		STAFF PHYS.	SELEC	226. DATE 4-16-62
22c. PHÝSICIAN NAME (Ty		itch, Jr. MD	302 N	. Potomac	St-Hag		
23a. BURIAL, CREMA REMOVAL (Spaci Durial		Rest Haven		23d. LOCATION Hager	stown,		(Stata)
24 FUNERAL DIRECT		ADDRESS		EC'D BY REGISTRAF	25b. REGIS	TRAR'S SIGNA	TURE
Scott F.	. Minnich & So	n, Hagerstow	n, Md. DATE A	DD 1 9 200			
		,	JUNIE	ma 1 6 62	and	wo S. the	
						- VIAL	AAD DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFALTH DFRI 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Washington a. COUNTY necessary, ector. Page director. Pas or your files Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural) Sharpsburg Rural) Sharpsburg 10 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat address) d. STREET ADDRESS Boar On RFD #34 Sharpsburg RFD retained Sharpsburg 3. NAME OF DATE Middle Month DECEASED OF (Typa or print) Alvin Helman Jr. DEATH Donald April with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | 1, 2, and 3 age 5 may 1 and 2 with 72 hours af 3 lest birthday) Months 19 Male White WIDOWED DIVORCED Dec. 8 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) Filling Attendant Station Mercersburg Pa. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donald Alvin Helman Sr. Anna Virginia Yeager event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sharpsburg RFD (Yes, no, or unkown) | (Ifyesgive war or dates of service) y" in pencil in Item 18 s Office along with fa burial-transit permit. 78 Mr. J. Edgar Churchey 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Fractured Skull IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which "pending" gave rise to immediate cause (1) DUE TO sisse execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner." PINERAL DIRECTOR: Page 3 should be used as a designated agent, prior to burial, cremation. or and answers. (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING CAUSE OF DEATH. mile West of Sharpsburg, Struck abutment of underpass R# 31, Day, Year 20d, INJURY OCCURRED 1, 200, PLACE OF INJURY Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work at work & State B Sharpsburg Washington. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 11-9-62 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) E. W. Ditto. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 11-62 Mt. View Cemetery Sharpsburg Maryland 0 g 4 0 Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. PHINERAL DIRECTOR VS. A15ME Ciriling & Thomas 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES X NO T

1962

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

Instant

YES

and in my opinion

DATE SIGNED

(State)

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physician.

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within 24 hours after Z

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ACHLE SH CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmissible a, STATE 1. PLACE OF DEATH e. COUNTY W a. STATE MARY LAND
WAS THIN CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 3 WEEKS HACERSTOWN 3 WEEKS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. 15 RESIDENCE AN ON A FARM? YES NO V 3. NAME OF DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY country) done during most of working life, even if retired) 13. FATHER'S NAME ROVE (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work p.m. Attended the deceased from...... 21. I certify that (I) (this hospital) saw the deceased alive on. DATE/ 220. SIGNATUR STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 28d LOCATION (City, town or county) REMOVAL (Specify) MAY.1. 1962 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS arthur S. Thous DATE MAY 4

prior

LAND STATE DEPARTMENT OF HEALTH

3.43 THE WOOTLY AND SHEET OF SAME IN WWTZNEZAH PLOTE SAME TO THIS SOUTH . P. S. H. A.M. -LIMME - TELSER III THE ARRIVE AT MINEL MARCH ID POL GI IT IT DEVON HOTEL CAIS CHONE PENNS U.S.A. ABRAHAM HELLER - ADDIE DALE SALEM AVE ASS IC STAINES, LEEK & HENTERHET STROTE ISTAMS OR Now of the MAY A PREL TRIBLEW CEMETERY - REEDYNMARK WASH COMMI The state of the second of the

1		097	CERTIFIC	ATE OF DEAT	H	(05095
	1. PLACE OF DEA	ATH			ICE (Where decessed lived, If		ca before edmissio
/		Washington	MARYLAN	a. STATE Mary	pland b. cour	Washi	ngton
	b. CITY OR TOW	N (if outside corporate limits and give nearest town)	s, c. LENGTH OF STAY IN		(If outside corporate limits, write	e RURAL and give	neerest town)
21	WITHER ROPORTS	Hagerstown	Site	03 Idaa	erstown		
10	d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
1	Was	shington Coun	tu Hospiital	509	Beverly Lane		YES NO
	3. NAME OF	First	Middle	Last	4. DATE Mont	h Dey	Yeer
	(Type or print)	Pinda	Sue	Hemphill	OF DEATH And	1. 14	19 62
	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED		9. AGE In years	IF UNDER I YEAR	IF UNDER 24 HR
	Gamala	1116:+-	WIDOWED DIVORCED		last birthday)	Months Days	Hours Min
	10a. USUAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR IND	USTRY I II. BIRTHPLACE (COL	inty & State, or foreign country)	12 CITIZEN O	F WHAT COUNT
	done during most of	working life, even if retired	1)			72. CITIZEN O	
	13. FATHER'S NAME	Vone	None	l 14. MOTHER'S MAIDEN	own, Md.		USA
			1				
	15 WAS DECEASED	jeorge W. Hemp	CES? 16. SOCIAL SECURITY NO.	Esther	J.Sheasley		
	(Yes, no, or unkown)	(If yes give we ror detes of se	rvice)		Address		
100	No			Ir. yeo. W. Hemph	ill 509 Beverly	Lane Ha	gerstown
		EATH WAS CAUSED BY:	cause per line for (e), (b), end (c).]			ON	ISET AND DEATH
207	PART I. DE	IMMEDIATE CAUSE (e)_	CMAdiac Dilat	nlm			
30	73	5 DUE TO	0				. 1
	Conditions, if	eny, which (b)_	Post surgicial	correction of	Malrototim of in	testine	4 days.
	Conditions, if a gave rise to imm	eny, which (b)_	Post surgicial	correction of	Mulrotation of in	testine	4 dings.
	gave rise to imm	eny, which (b)_	Post surgicial = marked adh	correction of	Modratation of is	testine	4 ding.
2.	gave rise to imm (a), steting the cause lest.	beny, which hediete cause underlying DUE TO	Post swedzen 1 = marked adh	ESINS			19. WAS AUTOP
2	gave rise to imm (a), steting the cause lest. PART II. OT	beny, which hediete cause underlying DUE TO		ESINS		VEN IN PART 1(e) 1	19. WAS AUTOP
2	gave rise to imm (a), steting the cause lest. PART II. OT	eny, which (b) DUE TO (c) HER SIGNIFICANT CONDITIONS WAS UNDERLYING		ESI~S IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(e) 1	19. WAS AUTOP
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2	gave rise to imm (a), steting the cause lest. PART II. OT 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT) 20c. TIME OF IN Hour a.m.	was underlying was underlying Cause of Death Her Significant Conditions of Cause of Death Hery Medical Examiner) NJURY Month, Day, Yeer m.	20b. DESCRIBE HOW INJURY OCC r 2Dd. INJURY OCCURRED 20e While Not While	ESINS T NOT RELATED TO THE TERM URED. (Enter nature of injury in	INAL DISEASE CONDITION GIVE Part I or Part II of item 18.)	VEN IN PART 1(e) 1	19. WAS AUTOP PERFORMED? YES X NO [
2	gave rise to imm (a), steting the cause lest. PART II. OT 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT) 20c. TIME OF IN Hour a.n	was underlying underlying Cause of Dath Her Significant Condition Was underlying Cause of Death Her Medical Examiner) NJURY Month, Day, Yeer m. 19	20b. DESCRIBE HOW INJURY OCC T 2Dd. INJURY OCCURRED 20e While Not While el work el work	ESINS IT NOT RELATED TO THE TERM URED. (Enter nature of injury in PLACE OF INJURY (Homa, far factory, street, office bidg., et	Part I or Pert II of item 18.) m, 20f. (City or town)	VEN IN PART 1(e) 1	19. WAS AUTOP PERFORMED YES NO [
2	QUE ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN Hour a.r. p.r. 21. 1 certify	was underlying Column Was underlying Due to Was underlying NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, Yeer M. 19 That (I) (this hospital	20b. DESCRIBE HOW INJURY OCC T 2Dd. INJURY OCCURRED 20e While Not While et work at work all all attended the deceased fr	ESINS IT NOT RELATED TO THE TERM URED. (Enter nature of injury in PLACE OF INJURY (Homa, far factory, street, office bidg., et	Part I or Pert II of item 18.) m, 20f. (City or town) c.)	(County)	19. WAS AUTOP PERFORMED YES NO (State)
2	QUE ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN Hour a.m. p.r. 21. 1 certify saw the deco	was underlying DUE TO	20b. DESCRIBE HOW INJURY OCC T 2Dd. INJURY OCCURRED 20e While Not While et work all all attended the deceased fr	ESINS IT NOT RELATED TO THE TERM URED. (Enter nature of injury in PLACE OF INJURY (Homa, far factory, street, office bidg., et	Part I or Pert II of item 18.) m, 20f. (City or town) c.)	(County)	19. WAS AUTOP PERFORMED YES NO [(State) hat (I) (we) ate stated about
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2	gave rise to imm (a), steting the cause lest. PART II. OT 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT 21. 1 certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN NAME (Ty 23a. BURIAL, CREM.	WAS UNDERLYING DUE TO WAS UNDERLYING DOWN WAS UND	20b. DESCRIBE HOW INJURY OCC T 2Dd. INJURY OCCURRED 20e While Not While et work at work 19 and 19 and 20	ESINS IT NOT RELATED TO THE TERM URED. (Enter nature of injury in PLACE OF INJURY (Homa, far factory, street, office bidg., et om	inal disease condition given in Part I or Pert II of item 18.) m, 20f. (City or town) c.) 19 12 to	(County) (County) and on the da	(State) 19. WAS AUTOP PERFORMED: YES NO [(State) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CA	IL OF BLATTI		03030			
ND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: b. COUNTY	Residence before	1		
2.1	CITY OF TOWN IN	. 11 14 14 0110	Al al alum manne			

23d. LOCATION (City, town, or county)

250. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

arthur S. Kraus

(State)

OSOOC

	PLACE OF DEATH			2. USUAL RESIDENCE (Whe		tion: Residence before admissi	on)
	o. COUNTY	Washington	MARYLANI	O. SIAIL Per	b. COUNT	Franklin	V
k		outside corporate limit, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF ou	etside corporate limits, write	RURAL and give nearest town	
	RURAL and give nea	aers town	2/2 w/	5 Gree	neastle	75 X	.3
(d. NAME OF HOSPITA	of nat in haspital, give street	t address)	d. STREET ADDRESS		e. IS REST	DENCE
	OR INSTITUTION WA	shington B.	Hospital	1481	V. Carlisle		NO X
	NAME OF DECEASED	U First	Middle	Last	4. DATE M	onth Day Y	eor
	(Type or print)	Mary	Edit	h Henson	DEATH An	4/ 30 1	962
S. S	SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (Ly year	T T	
	Male	White WIDOW	VED DIVORCED	october 28,	1887 July 1	1110013	Min.
10a		N (Give kind of work done 10b	. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote of	ar fareign cauntry)	12. CITIZEN OF WHAT C	OUNTRY?
	11	se work	House Leeving	Washingto	on a mangle	1 USA	
13.	FATHER'S NAME	/		14. MOTHER'S MAIDEN NA	AME O		
	H	terry Lum		Sar	ah Athe	Hon	
	WAS DECEASED EVER	IN U. 8 ARMED FORCES? 16 f yes, give war or lates of service)	SOCIAL SECURITY NO. 17	NFORMANT	Ac	idres	0
(1/0	None &	M. Lameth N.	Skusn &	humastle, I	7
	1B. CAUSE OF DEAT	TH [Enter only one couse per	ling (or (o), (b) and (c).]	0 1	1	INTERVAL BE	WEEN
		H WAS CAUSED BY:	11/hara	nteunid	Memor	ONSET AND	DEATH
	11271	DUE TO	ig was est	2000014	FUNDALIA I	100/0 /00	1493
	Canditions, if an		vovins	buta (artina las	- whom	
	gave rise to im		fer / WC	come cq	1310-000	alar	
	cause (a), stating the lying couse lost.	- 3	liscaso			154	13
z		ED SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	LIVEN IN PAPT 1(0) 10 WAS	LITOPSY
TION	PARI II. OTHE	IK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BOT NOT KEDATED TO THE TERMIN	VAL DISEASE CONDITION C	PERFO	RMED?
E CA						YES	NO 🗌
CERTI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter nature af injury in P	ort or Port at item 18.)		
S	20c. TIME OF INJURY	Month, Doy, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm,		(Caunty)	(State)
AEDI	Hour o.m.	19 While	e Not while	foctory, street, office bldg., etc.))		
<		(1) (1) 1 1 1 1 1	0	4/12 .1	7- 4/11	10 / 31	
		(I) (this hospital) atten	2/12	//	10 11 30	19 (a) (har (1) (h	ve) last
	saw the decease		, and the	it death accurred a	from the causes of		DATE
	ZZG. SIGNATORE	111 1/20	9	ATTENDING ME	D. STAFF PHYS.	220	SIGNED
	22c. PHYSICIAN'S	et of the	ul	M.D. PHYS. DIR	PHYS.		
	NAME (Type)	11.0 1	SIONBIN	(1)	700	0 3	1
		1/1					-

OR CREMATORY

page 3 shauld be detached far the State Board of Health priar

23a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

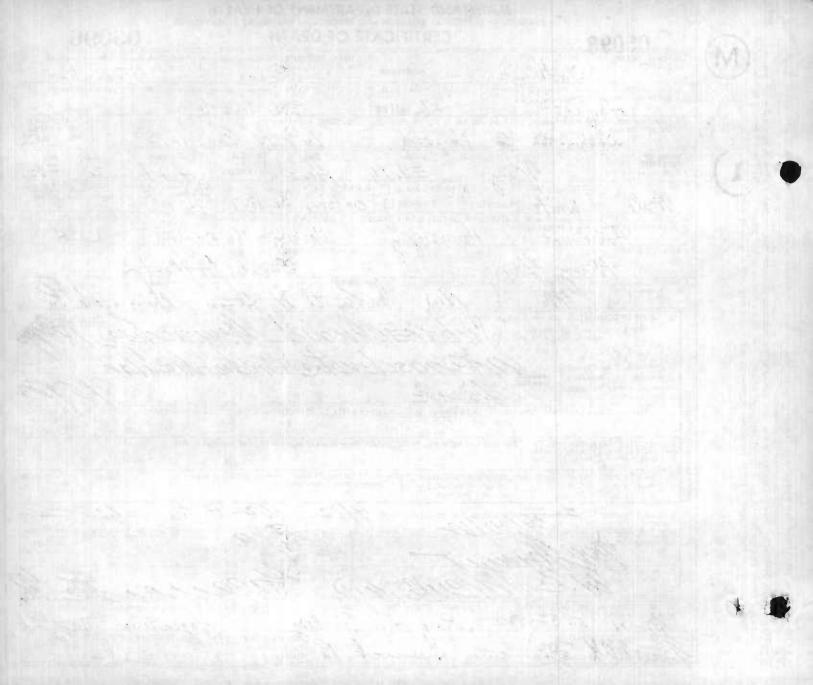
23b. DATE THEREOF

5-3-1962

23c. NAME OF CEMETERY

ADDRESS

TO FU



TO HIGH STALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after death with the configuration of the hospital or attending physician.

TO HIGH MAN DESCRIPTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05097

1. PLACE OF DEAT	H		2. USUAL RESIDENCE	CE (Where decease		Rosidence	before admission
	shington	MARYLAND	a. STATE Md.		b. COUNTY Wa	ash.	
b. CITY OR TOWN	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate I	imits, write RURAL an	d give na	arest town)
Hagerst		life	13 Hager	stown			
		in hospital, give street eddress)	d. STREET ADDRESS	5 0		1	. IS RESIDENCE
Washing	gton Coun; ty	Hospital	551 W	. Howard	St.		YES NOT
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	Waldo	Emerson	Hill	DEATH	April	7,	19 62
5. SEX male		WEACH WARRIED	uly 7, 189	last	(In years IF UNDER Months 7 yrs.	Deys Deys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR				TIZEN OF	WHAT COUNTRY
	orking lifa, even if retired)	railroad	Hagaret	own, Md			
car ins	peccor	Talliona	14. MOTHER'S MAIDEN			-	
	David E. Hi	11	MOTHER S MAISER		F. Mille	er	
	VER IN U.S. ARMED FORCES?		NFORMANT	- 14.5	Address		- 15-3
Ves	(If yes give war or dates of service WW T		s. Beulah	M. Hill.	Hagerst	town	. Md.
18. CAUSE OF	DEATH [Enter only one caus	e per line for (a), (b), and (c).)			0	INTE	RVAL BETWEEN
	TH WAS CAUSED BY:					1000	SET AND DEATH
		ronary Occlusion					nstant
1 07	DUE TO		77				
Conditions, if an	y, which) (b) Hy	pertensive Cardio	Vascular Di	sease		15	months_
(a), stating the	DITE TO						
cause last.) (c)						
Z PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PAR	T 1(a) 19	PERFORMED?
K						Y	ES NO
OR CONTRIBUTING	VAS UNDERLYING 20E	DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in	Part I or Part II of ite	m 18.)		
20c. TIME OF INJU	URY Month, Day, Year		CE OF INJURY (Home, farm ory, street, office bldg., etc.		wn) (Coo	unty)	(State)
¥ p.m.	19	at work at work		1			
21. I certify	that (I) (this hospital)	attended the deceased from	3-1-	1962., to4	 7. , 19	62 th	at (I) (we) las
saw the decea	sed alive on		death occured at6:	.30M, from the	causes and on	the dat	e stated above
22a. SIGNATURE	1			P.M.			22b. DATE
	1 2/1	T. The			AFF YS	2-62	SIGNE
22c. PHYSICIAN'S		firefr	22d. ADDRESS		4-	1-02	
NAME (Type	Dr. E. W. D	litto. Jr.	215 W Was	shington S	+ Harran	0+000	Ma
23a RURIAL CREMAT	TION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	215 W. Was	23d. LOCATION	(City, town or coun	ty)	(State)
REMOVAL (Specify burial	Apr. 10,				stown, Mc		(2.2.5)
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a. REC	O'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATO	JRE
South F	Minnigh &	Son Hagarstow	n. MdAP	R 1 1 '62	Centium 8.	Thurs	

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Scott W. Minnich & Son, Hagerstoon, Md. - Mail in

8	Phisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05098
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF D
ary, age, age, age,	NASHIAIGTON MARYLAND WASHIAIGTON
20 = 1 A	b, CITY OR TOWN (if outside corporate limits. c, LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
5 5 5 1A1	Write RURAL end give nearest town) RURAL - EAKLES MILL
I dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
ela lera e B e e B.	ENROUTE TO HOSPITAL KEEDUSVILLE MD. RIL YES NO DE
State earth	3. NAME OF First TECCTE Middle Last 1.4. DATE Month Dey Year
If a report of the property of	(Type or print) NEXTIEN CLAY HOLMES DEATH APRIL - 6 - 1962
aft aft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors IF UNDER 1 YEAR IF UNDER 24 HRS.
and may 2 w	MALIE WINDOWED DIVORCED APRIL - 30. 1889 72 yrs. Min.
2, 2, but 2 hd 2 hd	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1	
Pag Pag	18. FATHER'S NAME LSON
PAA PAA	COHA HOLMES SUSAN SMITH
id of the second	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give wer or detes of service)
A Hill A	MRS, MARY DITTO HACERSTOWN MD.
in the state	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
exe cil ii alon alon and	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Crushed Chest Few minutes
d be	DUE TO
Pur Office	Conditions, if eny, which (b)
Programme strains	geve rise to immediate cause (e), steling the underlying DUE TO
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Exa Exa	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO
his of work	YES NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
Med hou	ZOB. EXTENDED CADE WAS ZOB. DESCRIBE HOW INJURY OCCURD. [Ellies lielled in light in rent for rent in them in.]
NE STEEL	Car he was driving ran into rear of car he was following. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
Mit Dogod	Hour a.m. While Not While fectory, street, office bldg., etc.)
cate, very prior	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DICA arded REC1	CHIEF MEDICAL EXAMINER
12 2 > H	ACTUAL ACSISTANT MEDICAL EVANINED DATE CIGNED
Y ME scute # be forv gnated	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER TV
XPHA	NAME (Type) Dr. E. W. Ditto Jr. Address (Street, city, town, or county)
DE sase estados estado	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle)
05409	TOWNER APRIL-9-1962 LOCUST GROVE CEMETERY LOCUST GROVE WASH. CO.NO
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 7/59	Jale D. Dost JOONSBORD JAD DATE APR 11 '62 Ciriling & Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND	STATE DEPARTM	ENT OF HEALTH—B	ALTIMORE, 18	
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M		PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	b. COUNTY	The second secon
(IVI		b. CITY OR TOWN (If autside corporate limits, write RURA) and give negrest town	a. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town) as He 75
		d. NAME OF HOSPITAL (If not in hospitol, give street of INSTITUTION CO. HOSP	oddress)	d. STREET ADDRESS RP 1- Drug	neastle f	e. IS RESIDENCE ON A FARM? YES NO
ges ond		NAME OF DECEASED (Type or print) MICHAEL	Middle	HORSH 8	EATH 4/25	Day Year
Poges	L	SEX 6. COLOR OR RACE 7. MARR WIDOWE	D DIVORCED	9 26 1884	last birthdoy) Months	R 1 YEAR IF UNDER 24 H Doys Hours Min
on pope death.		a. USUAL OCCUPATION (Give kind of work done) 10b. during most a working life, even if retired)	Mois Too C	6, OPTON	ign coupin) A	15 A
I offer		Abraham Ho	RSW	14. MOTHER'S MAIDEN NAME	. Sheele	24
72 hours	150	es, no, of (inkelowyl) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1 04-03-5622	Estello	C. Horah	proences
en pleas t within		18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	mulasidar	Eninschen	INTERVAL BETWEEN
ny ever		Conditions, if ony, which	labezrola	information	2 Steente	
and in o		gove rise to immediate code (a), stating the under-lying couse last.		74		
noval, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	W Killer	mulhoris		PERFORMED?
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ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while fo	ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	County) (Sto
ched for		21. I certify that I attended the decease		occurred at 5 55 pm,	from the causes and an i	last saw the decea
or to be		ACTUAL SIGNATURE	wer.		S\$ (Street, city or town, state)	BATT SIG
stror pri		PHYSICIAN'S ALO, Bre	ver	GREM	270/16	3
poge 3	22	g. BURIAL (REMATION, 22b. DATE THEREOF 4/28/62	22c. NAME OF CEMETERY OF	R CREMATORY Com.	OCATION (City, town, or county)	Pa, (Stote)
(4) SS	23	FUNERAL DIRECTOR'S SIGNATURE	Green cas	Pare APR 3	EGISTRAR 24b. REGISTRAR'S SI 0 '62 Cuthun L	
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hour		the	9	子	ľ	1
24		n by	an	er de		
IO TO FINITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex. d within 24 hours after		pel	director, page 3 should be detached for use as the burial-transit permit. Then please permove between papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in anywayent, within 72 hours after depth.		-
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	de. Page 4 may be retained by the hospital or attending physician.	M	7/0	(4) 51		-

	DIVISION OF STATISTICAL	MAR	YLAND STATE D	EPARTMENT C	N STREET.	I Baltim	ORE 1. MA	RYLAN	D
	05102	NEDE,	CERTIFICAT				0510		
	PLACE OF DEATH			2. USUAL RESIDENCE	E (Where decease			ence before	admission)
	Washington		MARYLAND	a. SIAIE Marvla:	nd W	s. coun	gton		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				e nearest to	wn)
	Hagerstown		1 Day	03 Hager	stown				
	d. NAME OF HOSPITAL OR INSTITUTION (if n	ot in hosp	pitel, give street address)	d. STREET ADDRESS					A FARM?
	Washington County	Ho	spital	1707 Sher:	man Ave			YES	
3.	NAME OF First DECEASED		Middle	Last	4. DATE OF	Month	Da	y Yes	BF
	(Type or print) WILLIA	M	HENRY	HUFF	A	pril	6 1962	3 19	
5.	SEX 6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED 8	. DATE OF BIRTH		E (In years birthday)	F UNDER 1 YEA		R 24 HRS.
		VIDOWE		March 16 1		9 yrs.	Months Days	Hours	Min.
10a	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Start or fort	op country)	12. CITIZEN	OF WHAT	COUNTRY?
	Lineman -Retired	C&	P Tel. Co	Lee town J			USA	1	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
	Noah Huff			Ella :	Price				
	WAS DECEASED EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
110	No (If yes give war or dates of serv	-	2-05-0839 Mr	s Ola D. H	uff 170	7 She	erman A	lve	
	18. CAUSE OF DEATH [Enter only one ca			Hagers	town Md	•		NTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	00	ne bulmon	la				JNSEI AND	DEATH
	Sa 7 DUE TO								
	Conditions, if any, which (b)	En	Alpone						
	gave rise to immediate cause	-							
	(a), stating the underlying								
z	PART II. OTHER SIGNIFICANT CONDITION	NS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIV	EN IN PART 1(a)		
VIION	a. pa =	0.	^	Muran	0.0.			YES PERF	ORMED?
FIC	20a. ACCIDENT WAS UNDERLYING [] 2	Ob. DES	CRIBE HOW INJURY OCCURED	Enter nature of injury in P	art f or Part II of it	em 18.)		A	110 [7]
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			V					
CAL	20c, TIME OF INJURY Month, Day, Year	1 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or t	ownl	(County)		(State)
MEDIC	Hour a.m.	While	Not While fact	ory, street, office bldg., etc.					-
X	p.m. 19	at work		0/7/	CO 4	10)	
	21. I certify that (I) (this hospital		0.0						
			196.2, and that	death occured at	M, from the	causes	and on the		
	22a. SIGNATURE	10 /				TAFF		1/0	SIGNED
	Au	Chat	, Way M	.0.	RECTOR P	HYS.		4/6	102
	22c. PHYSICIAN'S NAME (Type)	355	7 D	22d. ADDRESS	D - 4	04			
	Howard N.		ks, M.D.	136 N.					
23	REMOVAL (Specify))F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO			~	State)
	Burial 4/9/62		2.1	Cemetery	Hagers	1		So Md	•
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	41	'D BY REGISTRAR		GISTRAR'S SIGN		
	Andrew K. Coffma	in H	agerstown Mo	DATE PM	11 1 0 02	-	withur S. H	raus.	

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed a. COUNTY o. STATE **b.** COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) P ears VSBU FA 1770 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO 3. NAME OF Middle Lost 4. DATE Year Doy DECEASED (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS rthdoy) Months Days Hours WIDOWED DO DIVORCED [popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY. 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) ELIGION INISTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN rio Sclerotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 125 13, 1962 that I last saw the deceased 21. I certify that I attended the deceased from... 1962, and that death occurred at 1.30 A.M. from the causes and on the date stated above. SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (Gity, town, or county) BRUADFORDING SEM 23. FUNERAL DIRECTOR'S SUGNATURE 26 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) arthur & Kings DATE 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05400

00104	Jan. 111. 1974			DIUZ
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If Institution: Re-	sidence before edmission)
•. COUNTY Washington	MARYLAND	. STATE Mary	land b. county Was	hington
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	6 -	outside corporate limits, write RURAL and	give neerest town)
Hagerstown		X Sharpsb	urg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		138 W. M	ain Street	e. IS RESIDENCE ON A FARM?
Washington County Hosp				YES NO L
3. NAME OF DECEASED (Type or print) Cora I	Middle Lucin d a	Hutson	4. DATE Month OF DEATH April 30	19 62
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 Y	
Female White WIDOWE		Feb. 26 188	32 80 yrs. "2" 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR			EN OF WHAT COUNTRY
	ome	Maryland		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
James Pierce		Amand	la Baker	
	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unkown) (Ifyasgivewarordetasofservica)	none Mr	s. Mae Hebb	Sharpsburg Mary	land
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Congestive	heart failt	ure	ONSET AND DEATH
IMMEDIATE CAUSE (e)	Congestion			
TT & DUE TO	tamiace laret	ie cardio-	vascular diseae	5 years
Conditions, if eny, which gave rise to immediate cause	CELTOPOTOLO	75 601010		
DUE TO	teriolar-nep	hro-selero	sis	l year.
				(e) 19. WAS AUTOPSY
Diabetes n				PERFORMED?
E 20a, ACCIDENT WAS UNDERLYING ☐ 20b. DE	SCRIBE HOW INJURY OCCURED). (Enter nature of injury in P.	art I or Part II of item 1B.)	
PART II. OTHER SIGNIFICANT CONDITIONS CO. Diabetes II 20s. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZOc. TIME OF INJURY Month, Day, Yeer 20d.		CE OF INJURY (Home, farm,		ty) (Stete)
20c. TIME OF INJURY Month, Day, Yeer 20d. While Hour e.m. 19	rk at work	tory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) atter				, that (I) (we) las
saw the deceased alive on May 1	7962 , and that	death occured at	M, from the causes and on th	e date stated above
22e. SIGNATURE	1 m	ATTENDING M	ED. STAFF	22b. DATE
22c. PHYSICIAN'S	ON.	A.D. PHYS. DI	RECTOR PHYS. M&	y 2, 1302.
NAME (Type)	Shealy M. D.		rpsburg, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(State)
REMOVAL (Specify) Burial May 3-62	Mt. View Ce	meterv	Sharpsburg Ma	aryland
	1100		D BY REGISTRAR 25b. REGISTRAR'S S	

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Committee of the commit

138 W. Aan Street M. C.

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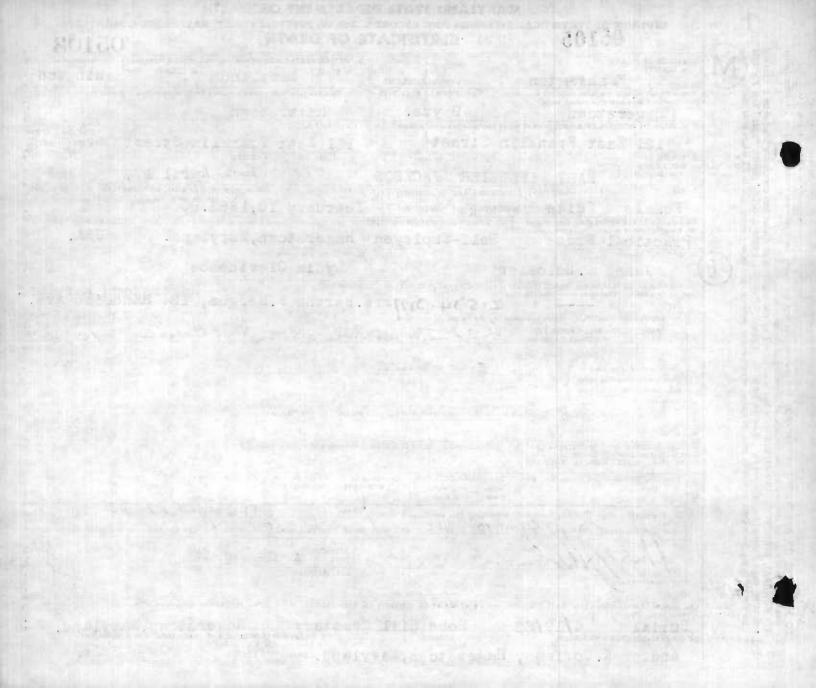
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Weller E. Sherly M. D. Sharpsburg, Md.

Buries Sharnes Ht. View Cometency Sharnes unc . Maryland.

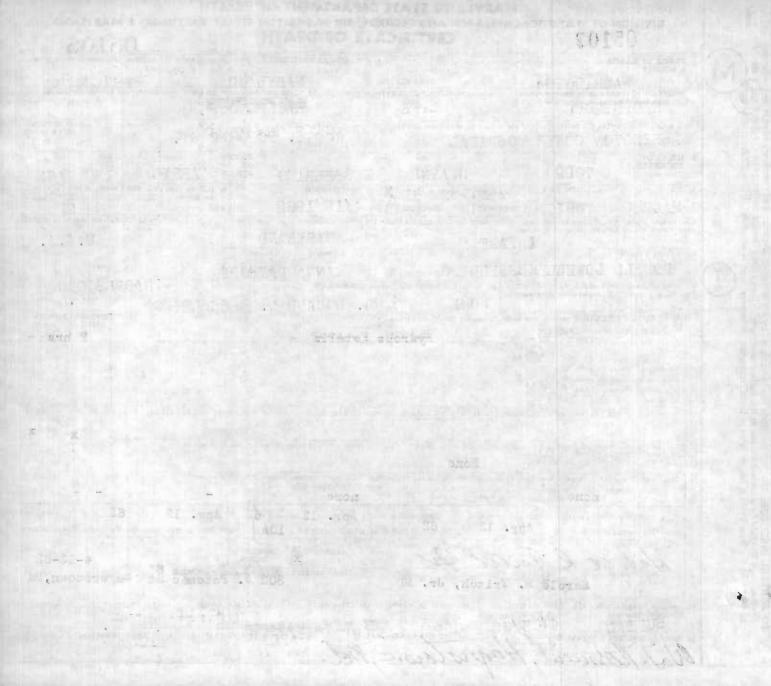
1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N CERTIFICATE OF DEATH	LARYLAND
To 7			USIUS CERTIFICATE OF DEATH	05103
funeral	M		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Re a. COUNTY a. STATE b. COUNTY TO BE THE C	
the fi			Washington Maryland Maryland	shington
by the and dead			b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and	give neerest town)
ed in	1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE
E S P	X		121 East Franklin Street 121 East Franklin Street	ON A FARM? YES NO
completely on papers. thin 72 ho		3.	NAME OF First Middle Last 4. DATE Month	Dey Year
pa 7 u			(Type or print) MARY DELOSIER JACKSON DEATH April 17,	1962
carbon it, with		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Months D. Months	YEAR IF UNDER 24 HRS.
ont,		-	Female White widowed Divorced February 10,1882.80.	
900		do	one during most of working life, even if retired)	USA.
eny			Practical Nurse Self-Employed Hagerstown, Maryland.	ODA.
nd in	(T)	James K. Delosier Lydia Clevidence	
l, an	(15.		m Manuel and
OVal		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No	loiph Ave.
rem			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
ō			PART I. DEATH WAS CAUSED BY: Ay A House of and attended The Heart house	10 400
tion			DUE TO	
eme.			Conditions, if eny, which gave rise to immediate cause	Jens.
1, C			(a), stelling the underlying DUE TO	
Inc		7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
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5		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)	
		C.R.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PAL		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour a.m. While Not While factory/street, office bldg., etc.) (Coun	ty) (Stete)
5		MED	p.m. 19 at work at work	
Dep				that (I) (we) last
ete			saw the deceased alive on 4 4 10 1962, and that death occurred at M.M., from the causes and on the	
e St			ATTENDING MED. STAFF	22b. DATE SIGNED
hth			PHYS. DIRECTOR PHYS.	7/17/
À	1 /		NAME (Type)	
FILE		236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)) (Stete)
8	0	1	REMOVAL (Specify) Burial 4/19/62 Rose Hill Cemetery Hagerstown, Ma	rvland
(4)	M		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S S	
1	13		Andrew K. Coffman, Hagerstown, Maryland, DATE 19 62 Quilley &	. Thurs



100		EPARTMENT OF HEALTH
FOR STATE	0 - 4 0 -	CERTIFICATE OF DEATH 05104
HEALTH DEPT.	I. PLACE OF DEATH •. COUNTY T.T. •. T. •. COUNTY T.T. •. T. •	2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before edmission) a. STATE b. COUNTY
cessary, or. Page files. Health,	washington Maryland	Maryland Washington
9 4 4 6	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Club!	OUSE 3mi South Of Sharpsburg H. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	d. STREET ADDRESS
State Soa to the second of the		d. Street address 27 Wayside Ave
If any the fu refair the Sta	3. NAME OF DECEASED (Type or print) Ralph Frederick Kepl:	inger Sr. 4. DATE Month Doy Year OF DEATH April 30 1962
3 to be after afte		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and may 2 w 2 w 2 w surs	Male White WIDOWED DIVORCED	Aug. 4, 1897 (64 yrs. Months Days Hours Min.
s 1, 2, s 1, 2, age 5 and 72 hc	done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 hour Pages within	13. FATHER'S NAME	Wash. Co. Md.
Zow By	John Keplinger	Anna Mull
ithin Girls	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
od w iii iii ny	(Yes, no, or unkown) (Hyesolve war or detes of service) 214-09-5418 Mg	rs. Grace Keplinger Hagerstown, Md.
in a recute	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
cil in along ransit	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Asphyxiation Carbon	Monoxide Recent
d be finder in in it.	913.1 DUE TO	
hould in one	Conditions, if eny, which (b)	
ding ding as a s a s a s a s a s a s a s a s a s	(a), stating the underlying DUE TO	Min Albander Communication and the second
iffica amir sed sed	cause last. (c) (c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)) 19. WAS AUTOPSY
ord " ord " cal Ex d be u emajic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (PRIMARY TX or CONTRIBUTING TO CAUSE OF DEATH.	PERFORMED? YES NO 1
the v Media Should		Enter neture of Injury In Part I or Part II of Item 18.)
MINE rriting Chief oge 3	Composted hose from	exhaust pipe inserted into closed car. (State) (County)
K > od -	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLANT Hour e.m. While Not While State 11 1 1 30 19 62 at work of et work 25 5 1 1 5	tory, street, office bldg., etc.) Sharpshure Washington Md
Cate, Cate, OR:	21. I certify that I took charge of the remains described above, he	
at, te		cide c. Homicide . Undetermined manner
Narchard Narchard	151	CHIEF MEDICAL EXAMINER
M of of the posts	SIGNATURE A. MU SUCH	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
OTY executed be resign	EXAMINER'S NAME (Type) Dr. E. W. Ditto. Jr.	DEPUTY MEDICAL EXAMINER & May 2, 1962 Address (Street, city, town, or county)
esse ospon o	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Slete)
0 4 6 9	Burial 5-3-62 Rose Hill (Cemetery Hagerstown, Md.
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/60	Scott F. Minnich & Son Hagerstown,	Md. DATE MAY 4 '62 Cirthur S. Thans

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	b	CITY OR TOWN	A SHI IVITI	orate limits,		c. LENGTH OF STAY		c, CITY OR TO	WN (If or	utside corpore	te limits, writ	e RURAL	and give	neerest lown)	
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	don	e during most of	working life, eve	n if retired)	FANT			MARY						U.S.A.	
	13.	FATHER'S NAME						14. MOTHER'S MA	AIDEN NA	ME					
T	15		LOVEL			RING) 17 Th	ANNA	DAY	MUDE	Addres	. 016	TID 3	TT AL OUT	
			(If yes give war or		ice)	ONE.	44.4	. DONAL	D T	KP33		777.1	and the same of	TOWN MD.	
3-1						ne for (a), (b), and (c)		· DONAL	יוי ע	TYLOO	3111111	IU		TERVAL BETWEEN	
		PART I. DE	ATH WAS CAUS			Hydr	ops I	Fetalis						2 hrs	_
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2.10			0.0	DUE TO											
11		Conditions, if a	ediate cause	(b)											
		gave rise to imm (e), stating the cause last.	ediate cause underlying	(b) DUE TO (c)											
0	z	gave rise to imm (e), stating the cause last.	ediate cause underlying	(b) DUE TO (c)	ONS CONT	TRBUTING TO DEATH			TERMINAL	L DISEASE CC	NDITION GI	VEN IN PA		19. WAS AUTOPS PERFORMED? YES NO	
0	RTIFICATION	gave rise to imm (e), stating the cause last. PART II. OTI 20a. ACCIDENT OR CONTRIBUTIN	ediate cause underlying	(b) DUE TO (c) T CONDITIO	Ob. DESC	TRIBUTING TO DEATH TRIBE HOW INJURY C	BUT NOT	T RELATED TO THE				VEN IN PA		PERFORMED?	
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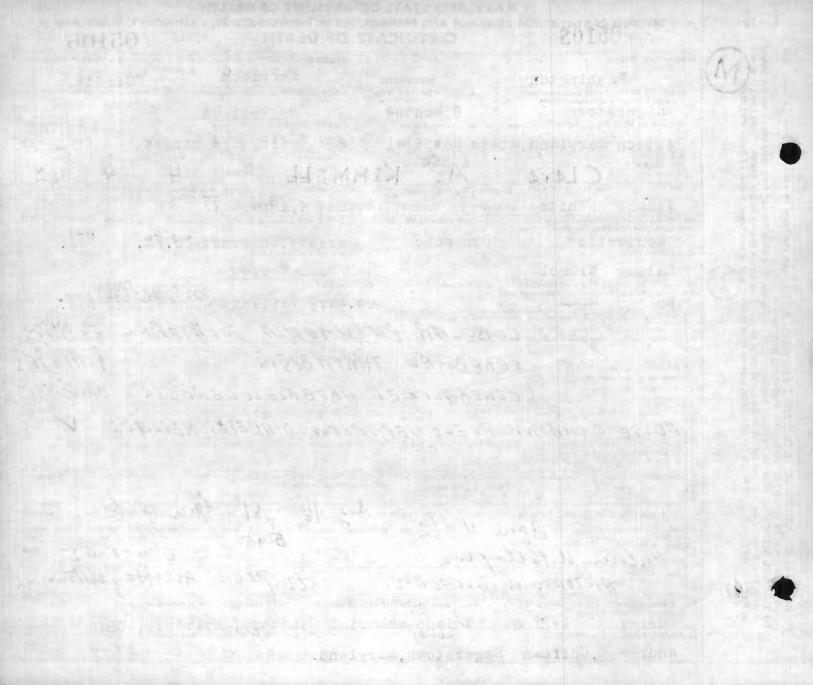


TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-		IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h
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VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05108 CERTIFICATE OF DEATH 05106 05106

1	a. COUNTY		2. USUAL RESIDENCE (Where deceased livad, If institution: Re	/			
	Washington	MARYLAND	a. STATE Maryland b. COUNTY Gar	rett /			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearast town)			
	Hagerstown	6 Months	Cumberland	0102-2			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospitel, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
		te Hospital	227 Springdale Street	YES NO X			
	3. NAME OF DECEASED (Type or print)	AGNES KI	MMELL 4. DATE Month OF DEATH 4	4 1962			
	5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y				
	Female White widow	MED DIVORCED A	ugust 4,1884 77 yrs. Months D	ays Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
	Housewife 13. FATHER'S NAME	Own Home	Garrett, Somerset Co.Pa.	USA			
1	Kaiser Kimmel		Emma Wooley				
)		6. SOCIAL SECURITY NO. 17.	NFORMANT Address	1.			
	(Yes, no, or unkown) (Ifyesgivawarordetasofservice)	Mr	s. Mary Vaillant 4055 Walke	r Ave.			
	18. CAUSE OF DEATH [Enter only one cause pe	r line for (e), (b), and (c).]		INTÉRVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	BULAR PN	EUMONIA BILATERAL	5-DIZYS			
	3010 DUE TO	0-2001 7	UR+ AR-CIE	A. MONTHE			
	Conditions, if eny, which geve rise to immadiate ceuse	REBRAL T	HAON BOSIS	JUNIAS			
	DIE TO	actain en	ARTERIO SCLEROSIS	un van			
				UN KIVOW,			
)	PART II. OTHER SIGNIFICANT CONDITIONS CO		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?			
	3 HOUTE & CHHONIC		RITIS - DIABETES MELLITUS	YES NO			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Part II of item 18.)				
			CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	(Stete)			
	Hour a.m. What was at w	nila Not Whila fact	ory, street, office blog., etc.)				
	21. I certify that (I) (this hospital) atte	ended the deceased from	Aug 16 1961 to April 4 196	2 that (1) (we) last			
	saw the deceased alive onA.D.Y.L.		death occured at				
	Holevio il Polla	gra. M	ATTENDING MED. PHYS. DIRECTOR PHYS. 14 - 3	G 2 SIGNED			
	22c. PHYSICIAN'S NAME (Type) ANTOIVED U.	PALLACASI	22d. ADDRESS Penna, Ave. Hay	erstown, re			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county)	(State)			
	REMOVAL (Specify) Burial 4/7/62	Toledo Memo	rial Cemetery, Sylvania O	1-4			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	rial Cenetery Sylvania O	GNATURE			
	Andrew K. Coffman H	agerstown Man	. 2 4				
	3 - 0 - 21 - 21	TO THE PARTY OF TH	Y ALCOHOLD WAS A STATE OF THE S				



1		Division	of STATIS	TICAL	MARY	CH AND RE		EPARTM			TH BALTIMO	DE 1 AAAD	VIAND	
FOR STATE		051				EXAMI		CERTI	FICAT		DEATH	051	07	
HEALTH DEPT.		PLACE OF DEA	гн					2. USUAL	RESIDEN	CE (Where de	ceased lived, If		ence before	edmission
Page lies.)	b. CITY OR TOWN	Washing	ton	,		YLAND	a. STATE		land	b. COUN	Washi	ngton	
of H		writa RURAL a	nd give nearest	town)		c. LENGTH OF S	TAY IN 16	c. CITY C	OR TOWN (If outside corp	orete limits, write	RURAL and giv	nearest to	own)
is no vo		A NAME OF HOS	Hagerst	own	-	Life		03		erstown				
delay neral ded for te Boa		d. NAME OF HOS	ington				Idress)	d. STREE	T ADDRESS	N. Pros	pect St.		ON	RESIDENCE NA FARM? NO X
fur fur fain Stal eath		NAME OF DECEASED		First		Middle		Last		4. DATE	Month	De		
The start		(Type or print)		Dona	las	Lee		Kun	kle.	OF DEATH	April	2	19	62
aft of the	5.	SEX	6. COLOR			NEVER MARI	RIED B.	DATE OF BIR		9.	AGE (In years)			
and and 22 mas	10	Male	Whi	te	WIDOWED	DIVOR	CED [Novemb			last birthday) 19 yrs.	Months Deys	Hours	Min.
ge ge and	do	. USUAL OCCUPA	orking life, ave	nd of work on if retired)	10b. KIN	ND OF BUSINESS		Y 11. BIRTHPI	LACE (Stete	or foreign cou	intry)	12. CITIZEN	OF WHAT	COUNTRY
our. Pa Pa Pa In	4.0	Non	e			None		14. MOTHER	erstou	n, Md.		u	SA	
M3 M3 With	13.	FATHER'S NAME						14. MOTHER						
Fig. E.	10		Jac	k U.K	unkle				Lilli	an J.W	alden			
for for eve	15. (Ye	WAS DECEASED E	VER IN U.S. AR (Ifyesgivawaro	MED FORC	ES? 16. S vice)	SOCIAL SECURITY					Address			
ed vith vith any		No				None.	Mro	J.U.Ku	rkle	443 N.	Prospect	. St. Hag	ersto	wn, Mo
an Italian Ita		1B. CAUSE OF	TH WAS CAUS		ause par lir	ne for (a), (b), and	(c).]	New York					NTERVAL BE	ETWEEN
exectification alor rans		The second	IMMEDIATE C	AUSE (a)_(Cereb	ral Hemon	rrhage						3 mon	
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fical min		cause lest.		(c)	THE PERSON NAMED IN	onitis							Recei	nt
Exa Exa	NO N	PART II. OTH	ER SIGNIFICAN	T CONDITIE	ONS CONT	TRIBUTING TO DEA	ATH BUT NO	T RELATED TO	THE TERMIN	HAL DISEASE	CONDITION GIVE	EN IN PART 1(e)		AUTOPSY ORMED?
his cal	3												YES	NO 1
Aedi houl	CERTIFICATION	PRIMARY or C	ONTRIBUTING	208	DESCRIB	BE HOW INJURY O	CCURED. (E	nter neture of I	njury in Peri	I or Pert II of	item 18.)			
NE N	_	CAUSE OF DEATH	l.	In	Auto a	accident	on R#	40 A.	5 mi.	East	of Hager	stown,	Md.	
関連で いっか	SICAL	20c. TIME OF IN.	URY Month,	, Dey, Yaar	20d. IN	Not While	20e. PLAC	CE OF INJURY bry, streat, office	(Home, ferm e bldg., atc.	20f. (City	or town)	(County)		(State)
A Per V	MEDI) posts	12-31-	19 6	et work	Not While at work	Rout	e 40 A.		Hager	stown, W	ashingt	on. Mo	d.
D O D D D D D D D D D D D D D D D D D D		21. I certify	that I took c	harge of	the rema	ins described	above, hel	d an Autop	sy .	Inspection	x, Inquir	and and	d in my o	
CA de critical de		death resulted	from: Na	tural cau	ses ,	Accident &]. Suicie	de 🔲, 🕒	lomicide	, Und	determined ma	anner 🗍		
EDI War			1	5	\mathcal{L}	H		CHIEF	MEDICAL E	XAMINER				
To te		ACTUAL SIGNATURE_	1-	a	0 A	MA)		M.D. ASSIS	TANT MEDI	CAL EXAMINI	ER 🔲		DATE SIG	GNED
Pe cure con	-	EXAMINER'S				0		DEPUT		EXAMINER [X).	3-62		
A See See		NAME (Type)	or. E. Y	M. Di	tto,	Jr.		Addre	ess (Street, c	ity, town, or c	county)			
- 0 N-	220.	KEMOYAL (Spacij	y)	TE THEREOI	2					22d. LOCAT	ION (City, town,	or country)	(Ste	ete)
5 <u>7</u> 4 5 g	0.7	Burial	. 4	15/62		Rest H	aven (emeter	1	M	agerstou	n		Md.
VS. AISME	23.	FUNERAL DIRECT			M .					APR 5	AR 24b. REGIS	T-Thun &		
5M 9/60		Rest Hav	ep tune	ral (hapel	Hag	erstou	m, Md.	DATE	W. (1 0	02	J. 7	trail.	
3110		//	1/2.	-	111	- 4								

Lesking on Courty Street, Lesking of the Courty Street, Street Place Page Starting Id. to boll A secution Marco ... It see ... It is the first of the 212 June Rowe of Chance Magazalains, ld. 100 House - Note and the second

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND OLUM BIA b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) - 2. HAGERSTOWN

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ONE MONTH IS RESIDENCE papers. Pag n 72 hours ON A FARM? YES NO completely 3. NAME OF DECEASED (Type or print) 9. AGE (In years | IF UNDER 1 YEAR | IF U and con IF UNDER 24 HRS NEVER MARRIED last birthday) DIVORCED WIDOWED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SECRETARY

13. FATHER'S NAME WASH, COMP. VISA please e attending t or removal, 214 N. POTOMAC ST (Yes, no, or unkown) (If yes give we ror dates of service) certificate has been signed by the 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and MAGERSTOWN permit. attending physician. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYCCARDIAL I MEARCTION IMMEDIATE CAUSE (a) MINUTES DUE TO HEART ARTERIOSCLEROTIC 4 MKHOWN gave rise to immediate cause DUE TO (a), steting the underlying the ceuse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION detached for use as PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour e.m DIRECTOR: et work et work (I) (this hospital) attended the deceased from 26 Magan, 1942, to 20 April 1962 that (I) (we) last saw the deceased alive on 20 APQL 19.62, and that death occured at M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 20 APRIL 1962 FUNERAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) EMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL/DIRECTORIS SIGNATURE 15M 7/61

The law requires that the

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01163 SPANIE ALL CONTROL DE L'ENVENT DE L'ENTRE DE ALL MARKET TO THE WAR WAS TO SEE A COMMITTED BY AND THE SECOND SE HOW I WAS A SHOULD BE WAS A SECOND THE STATE OF THE PERSON OF THE ENGLISHMENT OF THE PROPERTY OF AND LOCAL TO SERVICE STATE OF THE SERVICE OF THE SE

within 24 hours after PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

dea Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OH VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05111 CERTIFICATE OF DEATH 05109

1. PLACE OF DEATH •. COUNTY Wash	ington		MARYLAND	a STATE	VCE (Where deceased lived, I b. COU	f institution, Rasidance before edmissi
b. CITY OR TOWN (if outside corporate limit give nearest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate timits, wri	te RURAL end give necrest town)
Hagerstow			2 Days	Frede	erick-Rural -	Route 6 10X-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)					e. IS RESIDEN
	n County Ho	spital	l.	Barto	onsville	YES NO
3. NAME OF DECEASED	22 First		Middle	Last	4. DATE Mon	th Day Yeer
(Type or print)	Derth	1	MAY	Lass		ril 12, 1962
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	6. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR
Female	White	WIDOWED	DIVORCED	16 Dec 1879	82 yrs.	Months Days Hours Min
House-w	orking life, even if retire	d)	nd of business or indust At Home	Marylane	unty & State, or foreign country	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Charles	H. Lare			Annie Ba	arnes	
5. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Addre	\$\$
Tes, no or unkown) (I	fyesgive war or dates of s	ervice)	None	Roy E. Lare.	Route 1, Knox	ville, Md.
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	iete cause inderlying DUE TO (c). R SIGNIFICANT CONDI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	TIONS CONT	TRIBUTING TO DEATH BUT N	D. (Enter neture of injury in	INAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOP: PERFORMED! YES NO [
20c. TIME OF INJU Hour a.m. p.m.	19	While et work	et work	ctory, street, office bldg., et		13
21. I certify to		tal) attend	led the deceased from		4.	and on the date stated abo
22c. PHYSICIAN'S NAME (Type		an e Va	n	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	4/12/62 12/62
23a. BURIAL, CREMATI REMOVAL ISpecify Burial		REOF	Mount Olivet		Frederick,	
M. R. Et	chison & Se	on, Fre	ederick, Mark	25a. RE	APR 1 6 '62	EGISTRAR'S SIGNATURE

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	or Livers From	In. 195	es County Fe	d-internal
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nezville, Me.	May N. Lies, Route L. D.	Sione		Oli
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Jack - D.	amily	THE CHETTERS FILL	on d nestrice	

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F	please execute the certificate, writing the word "pending" in pending in the little along with form PM3. Page 5 may be retained for your files. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	ATE
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And .	BAL FA	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
EF	ould	de
O	Shear Shear	-io
TO DE! IMEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any collay is necessary,	please execute the certificate, writing the word pending in pending in pending to the last of the state of th	8
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MARYLAND STATE DEPARTMENT OF HEALTH Division of Atatistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland WEDICAL EXAMINER'S CERTIFICATE OF DEATH 05110

	PLACE OF DEATH a. COUNTY					2. USUAL RESIDE	ENCE (Whe			lanca balora	admission)
	W	ASHTN GTON		MARY	LAND	e. STATE	ARYLAN	D b. cour	27467	IINGTO	N
10	b. CITY OR TOWN (in write RURAL and	foutside corporete lim give naerast town)	its,	c. LENGTH OF STA	Y IN 15	c. CITY OR TOWN	N (If outside	corporate limits, writ			
	HAGERST			LIFE			RSTOWN				
	d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in	hospital, give street addr	ess)	d. STREET ADDRES	55				RESIDENCE I A FARM?
	62 MADIS	ON AVENUE				62 MADIS	SON AV	ENUE		YES	NO
3.	NAME OF DECEASED	Firs		Middla		Last	4. DA	TE Mont	n Da	y Ye	er
	(Type or print)	JAM	ES	F INDI.AY		LITTLE	DEA	ATH APRI	L 3.9	5 19	62
5.	SEX	6. COLOR OR RACE	1	RRIED NEVER MARRIE	DT 8	. DATE OF BIRTH	-1-	9. AGE (In years	-		R 24 HRS.
	MALE	WHITE	-	WED DIVORCE	30-	PRIL 17 189	96	last birthday)	Months Days	Hours	Min.
		ON (Give kind of working life, even if retire		. KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLACE (St	ate or foreign	n country)	12. CITIZEN	OF WHAT	COUNTRY?
-	OWNER.	king me, even a rem		OAL COMPANY		WASHING	TON M	ARYLAND	11.5	S.A.	
13.	FATHER'S NAME	A. C.		OILL COILLINI		14. MOTHER'S MAID		and Innie	000		
	CHARL	ES A LITTL	E			SOPH	IA FIN	DLAY			
		R IN U.S. ARMED FO		16. SOCIAL SECURITY N	0. 17. 1	NFORMANT		200 E 66"	th STREE	T	
,,,	YES	WW 1		NONE	MRS	. NANCY KNO	OWLES	NEW YOR	K CTTY		
	18. CAUSE OF D	EATH [Enter only on	a cause p	ear line for (a), (b), and (NTERVAL B	
	PART I. DEATH	H WAS CAUSED BY:	Car	cinoma, Des	ibnar	ne Colon				Rece	
	153	DUE TO		CITIOMA, DES		TIE OOTOIT				TIECE.	110
	Conditions, if any			static Perfe	neti	on Of Asser	ding	Colon With			
	gave rise to immedia	eta cause		te Generali:			_	OOTOH NITH	•		
	(a), stating the ur	ndarlying DOL TO	Meu	re dellerati	sed I	eli coni cis			10.80		
z		SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEAT	H 8UT NO	T RELATED TO THE TER	MINAL DISE	ASE CONDITION GIV	EN IN PART 1(a)	19, WAS	AUTOPSY
011					116						ORMED?
FIC	20a. EXTERNAL CA	USE WAS 1	20b. DES	SCRIBE HOW INJURY OC	CURED. (I	nter nature of injury in	Pert Los Part	II of item 18 \		IE3 TX	NO [
CERTIFICATION	PRIMARY OF CO			Jekier How Hooki Oc	, comment			TO HOM TO S			
MEDICAL	20c. TIME OF INJU	RY Month, Dey, Ya		d. INJURY OCCURRED		CE OF INJURY (Home, f		(City or town)	(County)		(State)
WEDI	Hour a.m.	10		hile Not While work	1901	ory, street, office bldg.,	erc.)				
		at I took charge	of the i	remains described at	ove, he	ld an Autopsy	Inspect	ion [], Inqui	y П, ar	nd in my	opinion
-	death resulted f					ide , Homicio		Undetermined m	brand property		
		1	9			CHIEF MEDICA					
	ACTUAL	4. The	2	ext >		A CCICT ANT A			1-20-62	DATE SI	GNED
	SIGNATURE					M.D. DEPUTY MEDIC			W WASHI		
	EXAMINER'S NAME (Type)	E.W.DITT	O JR	M. D.		Address (Stree			CERSTOWN		
22e	BURIAL, CREMATIO REMOVAL (Spacify)		EOF	22c. NAME OF CEM	ETERY OF	CREMATORY	22d. LO	CATION (City, town			ete)
	BURTAL	14-18-6	2	RIVERVIEW	CEME	TERY		IAMSPORT			
23	TONERAL PIRECTOR	Komer	-	ADDRESS		24e. I	APR 2 3	GISTRAR 24b. REG	Inthun S. to		
S	TAK-ROUZE	FINERAL	HOME	HAGERSTOWN	MARY	LAND DATE			A. 70	raus	

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	a. COUNTY	SHINGTON			a. STATE	SIDENCE (When	b. COL		lence before	edmission)
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-			16 i- h-	ospital, give street address)	d. STREET A	AGERSTON	A 1/1		1 - 16	RESIDENCE
	GATEWA	B B	HOM				8 A C 3 C		10	N A FARM?
	NAME OF	First		Middle	335 Jast	S. POTO		at D	YES L	NO []
1	DECEASED (Type or print)	CHARLO		PAULTNE	LONG	OP DEA	4 73 90 0			
-	5. SEX			ED NEVER MARRIED	8. DATE OF BIRTH		19. AGE (In year		24 19	ER 24 HRS.
1	IPTOURAT TO			37		394	last birthday			Min.
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	done during most of v	working life, even if retire	d)	HOME			or relegif country			000111111
1	HOUSLWI	P E	1	11(),(1),	14. MOTHER'S	RYLAND		1 0.	5.A.	
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-	18. CAUSE OF	DEATH Enter only one	cause per		3	1101/1/1		1	INTÉRVAL B	ETWEEN
		ATH WAS CAUSED BY:	1	•	one Pur	200			ONSET AND	1
	42001	IMMEDIATE CAUSE (e)		oronary o	y cc rusc	ary.			1 Un m	du.
	Conditions, if a	DUE TO	6	entral H.	2 tours	- Pi. 1 -:	and	7	10.	711.
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	(a), steting the cause last.	underlying	A	atience no Pa	Li 6	east	liseas o			
	DART II OTII	IER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION G	IVEN IN PART 1(e		AUTOPSY
	PART II. OTH									FORMED?
	Sen	ility -							YES	NO T
	Sen 200. ACCIDENT	was underlying	20b. DE	SCRIBE HOW INJURY OCCU	RED. (Enter nature of i	injury in Pert I or Pe	rt II of item 18.)		I IES [но 📑
	200. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RED. (Enter nature of)	injury in Pert I or Pe	nt II of item 18.)		4E2	но 🗍
40	200. ACCIDENT OF CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Ye	er 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (H	ome, farm, † 20f.	city or town)	(County)		(State)
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	200. ACCIDENT IN OR CONTRIBUTION (IF EITHER, NOTIF Hour e.m. p.m. 21. I certify saw the dece 220. SIGNATURE 222. PHYSICIAN'	JURY Month, Dey, Ye that (I) (this hospitalsed alive on	er 20d. Whi at wo	INJURY OCCURRED 200. Not While ork at work of the deceased from 2.4	PLACE OF INJURY (H factory, streat, office beath occure	d at MED.	to	24, 1962 and on the	that (I) date stat	(State) (wo) lasted above 2b. DATE SIGNET
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MARYLAND STATE DEPARTMENT OF HEALTH

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Coffman Hagerstown Md.

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Andrew K.

RYLAND STATE DEPARTMENT OF HEALTH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X 19 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Months ! Days House 12. CITIZEN OF WHAT COUNTRY? Mrs Bertha Dellinger Walliamsport ONSET AND DEATH leo Kemia PERFORMED? NO " (County) (Stete) 23d. LOCATION Kity, town or county) (Stele)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05116

CERTIFICATE OF DEATH

		PLACE OF DEATH		2. USUAL RES	SIDENCE (Where dec		itution: Residenc	e before edmission)
1	·	WASHINGTON	MARYLAND	e. STATE	MARYLAND	b. COUNTY	WASHIN	GTON
		b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corpo	rata limits, writa RL	JRAL end give n	earest town)
34		write RURAL end give neerest town) HACERSTOWN	L8 DAYS	03 HAGE	RSTOWN			
911		d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET AD				a. IS RESIDENCE
	W	ESTERN MARYLAND STATE HOS	PITAL	923 MT.	AETNA ROA	D		YES NO X
		NAME OF DECEASED (Type or print) LOTIF M	Middle MARTELL MA	ANV. FUC	4. DATE OF DEATH	Month	Day	19 6)
	5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9.	AGE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS.
		FEMALE WHITE WIDOWE		DECEMBER	29 1879	82 yrs.	onths Deys	Hours Min.
ij	10a do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) HOME MAKER	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (County & State, or f		12. CITIZEN OF	WHAT COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S N				-41-1
I)		WILLIAM BOWERS			IDA McC	ALL		
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (If yes give weror detes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	(1.0	NO	NONE	WILLIAM C	MARKELL H	AGERSTOWN	MARYTA	ND
		18. CAUSE OF DEATH Enter only one ceuse per I	ine for (e), (b), end (c).)	2			INT	ERVAL BETWEEN SET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BULAN,	PIVEU	MONIA		4	DAYS
		Conditions, if eny, which \ (b) CAR	CINDMA O	F BLA	FODER		28	3 uninto
		geve rise to immediate cause (a), stating the underlying DUE TO						
		ceuse last. (c)						
Λ	Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE	ONDITION GIVEN	IN PART 1(a) 19	WAS AUTOPSY
U	CATION	ARTERIO SCLEROTIC HE	ARTDISEAS	F. DIAI	BETES MI	ELLITU-	S Y	PERFORMED?
	CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of in	igury in Perf I or Perf II	of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. While p.m. 19	eNot While fect	CE OF INJURY (Ho ory, street, office bl		or town)	(County)	(Stete)
		21. I certify that (I) (this beepital) atten	ded the deceased from	2-19	19.62 to.1	4-7-	, 196.7,11	nat (I) (we) las
	16	saw the deceased alive on 4	196.2., and that	death occured	at/1.5M, from	the causes an	d on the da	te stated above
		220. SIGNATURE US U. Vall	ayros "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) ANTONIO U.	PALL AGBOS	22d. ADDRE 1 1500	ss fa Av.	e Hag	enti	wn
0	238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town	or county)	(State)
1		BURTAL L-11-62	ROSE HILL CEN	METERY	HAGE	RSTOWN MA	RYT. AND	
10.	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		5a. REC'D BY REGIST			URE
			HAGERSTOWN MARY	T. ANT	APR 1 0 '62	Cirllun	S. Kraus	
	1	TOTAL TOTAL TOTAL	AND A CAMPAGE IS NOT A COMPANY AND A COMPANY	LIANUT.		-		

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY by the death. MARYLAND TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b filled in by Pages 1 and write RURAL end give nearest town) RURAL OF HOSPITAL OR INSTITUTION (if not in hospitel, give speet eddress) IS RESIDENCE ON A FARM? YES X NO OONSB 0120 completely DECEASED OF (Type or print) DEATH 1962 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED W NEVER MARRIED last birthday) 25 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY State, or toreign country) done during most of working life, even if retired) CO. MD. please attending CARPENT (Yes, no, or unkown) (If yes give water dates of service) BOOMSBORD MO.12, 14. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (Stete) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While Hour em While et work et work DIRECTOR: 21. I certify that (I) (this hospital) atjended the deceased from. 1962, and that death occured at .A.M., from the causes and on the date stated above saw the deceased alive 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. director, page to be filed with the M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 CEMIETER DURIAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGN **ADDRESS** VR A15 (4) APR 2 3 '62 Thur & Krous 15M 7/61 GENSBORD DATE

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AND STATE DEPARTMENT OF HEALTH

6515 ALL THE REPORT OF THE PARTY OF ALTERNATION OF ANY AND A SAME TO MAKE A PROPERTY OF ANY AND A SAME Disuspende All Rift . Frommergers Mark Chesters MALE WHILE WHILE MAY 21-1696 (55-10-35) KETTREO TERMER OWN TENTO WILLE CO WILL LAND MARKEY OF MARTIN ANNIE CARDENTIER. YES WW POR SIES GOS MESSERRE E ARESTON DEPARTMENTS a morning of the theory of market Selleto reper residen The state of the s He What have the teachers of A PIGE 17 19CE 1 DOON STOOK CHOICHERY PROMISE IS WAS A CO THE MENT OF SECURITY OF SECURI

15M 7/61

arthur S. Thous

(County)

26, 1962, that (I) (we) last

April 27.

WASHINGTON

e. IS RESIDENCE ON A FARM?

YES NO

Year

26 19 62

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

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Indefinite

PERFORMED?

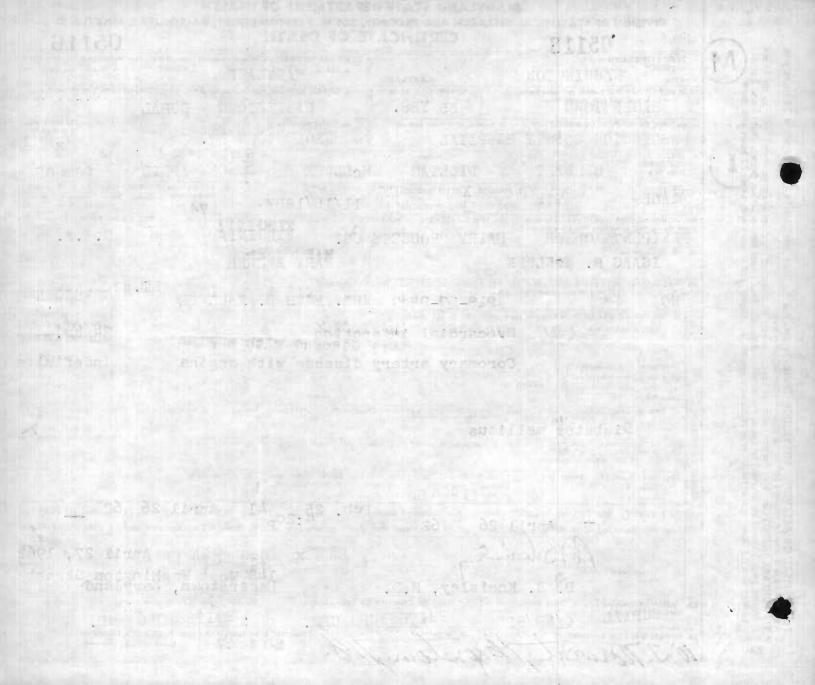
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IF UNDER 24 HRS.



1	de		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST.	ATE	-	05119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NO.5117
HEALTH I	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Poge (es.	NA		MARYLAND STATE D. COUNTY WASHINGTON
Poge files. Health,	IVI	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of b	~		HAGERSTOWN
direction y	OV	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Boo F	IN		151 WEST WASHINGTON ST. 151 WEST WASHINGTON ST. YES NO X
Po din co	2	3.	NAME OF First Middle Lost 4. DATE Month Day Year OF
reference of	١		(Type or print) ROBERT EDWARD MORRISON DEATH APRIL - 22, 1962
P - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	12	5. 5	EX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN year IFUNDER 1YEAR IF UNDER 24 HRS
mo mo	-		MALE WITH WIDOWED DIVORCED DIV
an an and 2 and 2		10c	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY luring most of working life, even if retired)
P 2.2 d	0		MECHANIC - FARM IMPLEMENT CO. WASH . CO. NID. 4.S.A.
offices 13.			FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pog Pog			CTRED N. MOBRISON EDNA R. JOHNSON
or a series		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
th Go		1	VES W.W. 2 215-20-8942 FRED N. MORRISON MIDDLEBORG IVID.
THE THE		F	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWIEN ONSET AND DEATH
long ond			PART I DEATH WAS CALISED BY.
on on o	45		MAMEDIATE CAUSE (o) Asphyxiation (By Smoke) Few minutes
Cril i	1		Conditions, if on which (b) 2nd. And 3rd. Degree Burns Involving Entire Body.
S S S S S S S S S S S S S S S S S S S	A		Bore the to minediole cone
in ine			(c), stoting the underlying DUE TO
Rom os sh	1)	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
sed em	U	Y H	PERFORMED? YES NO
dico dico		E	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Me We		3	PRIMARY DO CONTRIBUTING D
The The	9	13	Found on bed mattress completely burned. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
35 5		I Gay	Hour o. m. While Not while of work of
The the oge		12	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
X Post			
de d			apinian death resulted fram: Natural causes [], Accident [X], Suicide [], Homicide [], Undetermined manner []
FEC SEC			ACTUAL A TULL DATE SIGNED DATE SIGNED
Po for			M.D.
AAL OF	17		EXAMINER'S APTIL 214, 1902
hould UNE	d	220	BIRINAL CREMATION 123b. DATE THEREOF 12c NAME OF CEMETERY OR CREMATORY 123d LOCATION (City town or county) (State)
To she was			REMOVAL (Specify)
5 . 5	2	23.	SURIAL APRIL 25:1962 SOONSBORD CEINETERY BOONSBORD WASH, CO. NID.
VS. ATSME	01		APR 27'62
5M 2/57	V		John S. Tours Jooks Boko 1810 DATE DATE Commy S. Thomas

			MEDI	9(17)
	Taxan yang meliking se			
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	mailum s	• (35 H.A	

ompletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. ithin 24 hours after

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TO HOL SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	death. Age 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with
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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE 1 MARYLAND

05120 CERTIFICA	TE OF DEATH	05118
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residue, STATE b. COUNTY	dence before edmission)
Washington MARYLAND	Maryland Washington	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give	ve naarast town)
Hagerstown 5 Weeks	Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Wash County Hospital	800 Northern Ave	YES NO
3. NAME OF DECEASED HITTITAL LIABETT MONI	Last 4. DATE Month D	ay Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	MORROW PEATH April 10 19 8. DATE OF BIRTH 201. 9. AGE (In years IF UNDER 1 YEA	
27 -	1094 last birthday) Months Day	
Male White WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	Dec 10/189/5/ 6788 yrs.	LOT WILLY COUNTY
done during most of working life, even if retired)	W. Val	OF WHAT COUNTRY?
Accountant Retired	Summit Point Jefferson Co	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ruthvan W. Morrow	Lillie M. Muse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (Ifyesgivewarordalesofservice)	ss Josephene Morrow	ld.
18. CAUSE OF DEATHERMS only one cause per line for (a), (b), and (c).]	800 Northern Ave Hagerstown	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Agranulocytic Leuk	cem1a	1 year
DUE TO		
Conditions, if any, which (b)		
(a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While at work et work	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on April 10. 19.62, and the	et death occured at	date stated above.
228. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
22c, PHYSICIAN'S	22d. ADDRESS	ســـــــــــــــــــــــــــــــــــــ
NAME (Type) Dr. E.W. Ditto. Jr.	215 W. Washington St., Hagerst	own, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stete)
REMOVAL (Specify)		VEL.
Burial 4/13/62 Elmwood Cem	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	100 13 162 0 1 0 4	
Andrew K. Coffnan Hagerstown M	d. DATE PR 13 62 arthur S. Ku	nildi.

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Manager St.	TANK THE PROPERTY OF THE PARTY		
		style to and desire	

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after the page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the state begin or remove.

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
CERTIFICATE OF DEATH	05119

	1. PLACE OF DEATH	11	2. USUAL RESIDENCE	CE (Where deceased livad, If instituti	ion: Residence before admission)
-	a. COUNTY	MAN DAY WALD	e. STATE	b. COUNTY	Berkelev
-	b. CITY OR TOWN (if outside corporate limits, c. LENG	MARYLAND TH OF STAY IN 16	CITY OR TOWN	f outside corporate limits, write RURA	
	write RURAL and give neerest town)		-0 /	,	35. 2
Л.	Williamsport 44n	v-/mos.		nsburg	8.5 X 2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADDRESS	+ -	ON A FARM?
	Williamsport LanitArium		Kout	-6 +3	YES X NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print)	E	Myers	DD-011 /	12 1962
11	5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED B.	DAZE OF BIRTH	27 1873 GE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
	Female White WHOWED IT	DIVORCED T	KENKANANANANANANANANANANANANANANANANANAN	Tast birthday) Mont	hs Deys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BU	SINESS OR INDUSTRY			. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)		2 1	1	4 0 -
	House Duties Hon	10	14. MOTHER'S MAUDEN	-0., W. Va.	U.S. A
	13. FAIRER S NAME				
	Jacob T Mc Quilkin			Whiting	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI (Yes, no, or unkown) (Ifyesgive were refesofservice)	CURITY NO. 17. IN	FORMANT	Address	1 107 77
	No	٥.	Howard My	vers Charles	ston, W. Va.
	1B. CAUSE OF DEATH [Enter only one cause per line for [4]	(b), end (c).]	son ,	19 1 -	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	MM CBG	01/3/	· taction	ONSET AND BEATH
		10	7	1/1	70
	DUE TO	1 6	2 1	141	· 20 UVS
7	Conditions, if eny, which gave rise to immediate cause	vecar	79	1 newscore	2
	(a), stating the underlying DUE TO		0		
	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT OF CONTRIBUTING COURT OF CONTRIBUTING CONTRIBUTI				YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HON	VINJURY OCCURED.	Enter neture of injury in I	Pert 1 or Pert II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OC		E OF INJURY (Home, farm		(County) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OF While Not While of work at well at w	fillio_	y, street, office bldg., etc.	1	
			12001	idal Marilia	10/2/02 1
	21. I certify that (1) (this hospital) attended the			1994., to htp. 1.1.1.2	
	saw the deceased alive on 10 Kil. 12 19	and that o	death occured at	R.M., from the causes and	
	22a. SIGNATURE	11 +	ATTENDING / A	AED. STAFF	22b. DATE SIGNED
	1/MM/Dens	M.D.		IRECTOR PHYS.	4-15-65
1	22c. PHYSICIAN'S NAME (Type) MA E	111	22d. ADDRESS	+	n. 1
/	10/ F1 104-1	CIT	Wi//1	ams poul	140
		ME OF CEMETERY OR	R CREMATORY	23d. LOCATION (City, town or o	county) (State)
	Burial 4-14-1962 Rose	edale Cem	etery	Martinsburg,	West Va.
		DRESS	25a. REC		R'S SIGNATURE
	1/1/0	huma 107	Va DATE	MPR 1 6 '62 Chit	hur S. Kenna
1	Triffic Marchins	burg, W.	A CI P I DVIE		

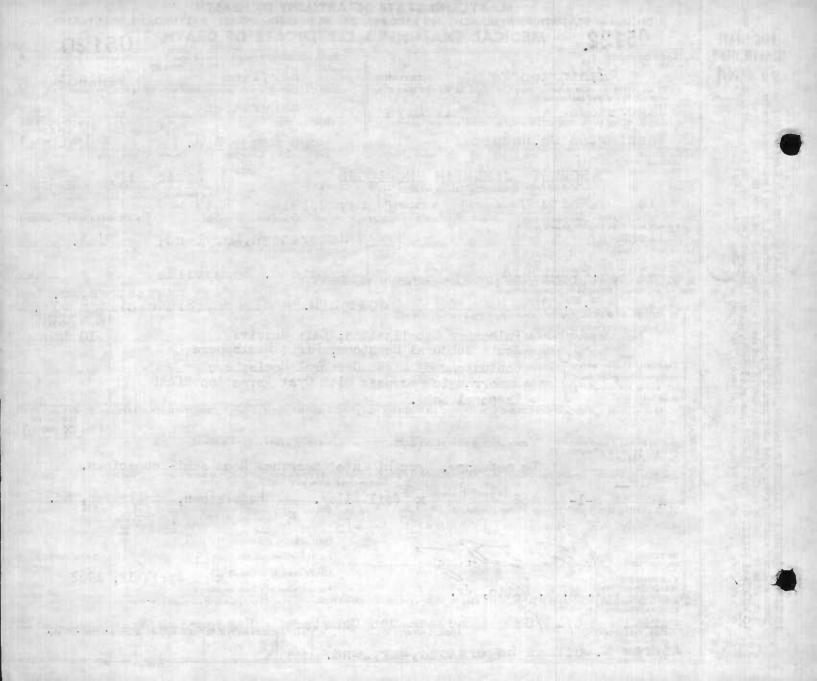
VR A15 (4) 15M 7/61

Marine Service Marine Marine Mar 7 273 60 77 CL x Straight Stanish Berkley Co. W. Va. House Dutles | Inc. Tacob T Me Galkin Ellen Whiting Charleston. F. Va .. Here and ... Mar hashing west Ja. wistenso alekseun sari-1-

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY I director. Page for your files. b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) retained for your he State Board of Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ould be executed within 24 hours after death. If any defay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Boatoval. and in any event within 72 hours after death. ON A FARM? Washington Co. Hospital Dewey YES NO 3. NAME OF 4. DATE Middla Month DECEASED OF (Type or print) ROBERT JEREMIAH PEDDICORD AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if retired Salesman Hagerstown, Maryland,
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter D. Peddicord
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Goldie D. Somerville 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgiva waror datas of service) Hagerstown, Md. Hamil ton Blyd Joseph D. Peddicord, 1312 MEDICAL EXAMINER: This certificate should be executed rd "penging"... I Examiner's Office along when be used as a burial-transit pe 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (a) Pulmonary Embolization; Left Massive removal, and 10 days DUE TO Acute Subdural Hematoma, Right Hemisphere (b) Contusions Of Right Cerebral Hemisphere "pending" gava rise to immadiata causa DUE TO Hemorrhagic Necrosis With Cyst Formation Right (a), stating the undarlying (c) Temporal Lobe. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremati YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief Mershould be forwarded to the Chief Merena DIRECTOR: Page 3 sho Do not know. Brought into Emergency Room semi - conscious.

, Year | 20d. [NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Month, Day, Yaar Not While factory, streat, offica bldg., atc.) at work at work Hagerstown Washington. Aller 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Dr. E. W. Ditto, Jr. Add Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Haven Cemetery Haverstown Wash Co Burial Rest 23. FUNERAL DIRECTOR VS. AISME Andrew K. Coffman Hagerstown, Maryland. Circun & House 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



	05123 CERTIFICATE OF DEATH	teg. Dist. NG 54 04
Page director liled with	1. PLACE OF DEATH o. COUNTY WAS h. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, b. COUNTY) b. COUNTY	Residence before admission)
after deoth: Po	744701318888	c, 75x-3
by d d	d. NAME OF HOSPITAL (If hot in hospital, give street oddress) OR INSTITUTION GATEWAY NUISING HOME 2415, Allison ST	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
had in less I and	3. NAME OF DECEASED (Type or print) Mae First J. Middle Pentz Last 4. DATE OF DEATH April	15 Day Year 1962
d with pletely fillers. Pages	The same of the sa	Months Days Hours Min.
executed and comple on papers.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME HOM	12. CITIZEN OF WHAT COUNTRY?
cote be icion al corbo	13. FATHER'S NAME Thomas McKelvey 14. MOTHER'S MAIDEN NAME, ALCRE HICKS	
ng physic remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unflooding) (If yes, give wor or dates of service) With Flamly Pents-	reencusto 1
attendir n please	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
thot the by the it. The iy event	Conditions if our which	
equires n. signed it permi	gove rise to immediate coess (a), stating the under. (b) DUE TO	
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Aping After the After the formal, criol, cri	21. I certify that I attended the deceased from ANI 121, 1962 to ANI 15, 1962, alive on ANI 141, 1962, and that death occurred at 9 AM, from the causes and	that I last saw the deceased
ATTER d by the ECTOR: be detaced or to bu	ACTUAL SIGNATURE AND CLEAR FORM	
retoined KAL DIR should is	PHYSICIAN'S David R. Brewer	
HOST Gge 3	220. BURIAL PREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, town, or of Communication) 4/8/62 Codar Hill	county)
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 262	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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V L	a. COUNTY	Washing	ton	MARYLA	a. STA		E (Where dece	esed lived, If Ir b. COUNT	Y dat	hingte	
1	b. CITY OR TOWN ((if outside corporate d give nearest town)	limits,	c. LENGTH OF STAY	IN 16 c. CITY	OR TOWN (H	outside corpora		RURAL end gi	ive neerest l	lown)
10	d. NAME OF HOSPI			spital, give street address		Kural EET ADDRESS	. Hager	stown		10.15	RESIDENCE
		way Nursi			0.314		rewer A	100			N A FARM?
3.	NAME OF	way mouse	First	Middle	ll La		4. DATE	Month			eer .
	(Type or print)	Edwa	ard Cla	uton	Po	rter	OF DEATH	Apri	il 2	22 1	9 62
5.	SEX	6. COLOR OR RA	CE 7. MARRI	ED NEVER MARRIED			9.		IF UNDER 1 YE	AR IF UND	ER 24 HRS.
L	Male	White	WIDOWI	DIVORCED	□ April	18,188		81 yrs.	Months Day	ys Hours	Min.
10 d	one during most of we	NON (Give kind of vorking life, even if re	work 10b. I	CIND OF BUSINESS OR IN		PLACE (Count	y & Stete, or for	eign country)	12. CITIZE	N OF WHAT	T COUNTRY
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	. FATHER'S NAME	, , ,,	n		14. MOTH	ER'S MAIDEN N					
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after a death. The thin 10 the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be disched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal—add in any event, within 72 hours after death. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05125 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE		red, If Institution: Res	idence before admission)
Washington	MARYLAND	a. STATE Mar	yland	COUNTY Was	shington
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		f outside corporete limit		
write RURAL end give nearest town)	117	12 Trans			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	45 years	d. STREET ADDRESS	rstown		. IS RESIDENCE
G. NAME OF HOSTINE OF HISTHORION (II NOT III NO	spiral, give sileer equiess,	d. STREET ADDRESS			ON A FARM?
Washington County Hos		19 W. Ma	gnolia Av	7 e	YES NO
NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Dey Yeer
(Type or print)	sandra Pot	terfield	DESTU .	ril	5 19 62
5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female White widow		20 1011	last birth	Months De	ys Hours Min.
	KIND OF BUSINESS OR INDUSTR	y 30, 1911			N OF WHAT COUNTRY
done during most of working life, even if retired)				12. 0112.	A CONTRACTOR OF THE PARTY OF TH
	wn Home	Waynesbo			
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Sidney Ellis		Lulu For	ney		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	4-09-2764 Cha	rles Potte	rfield F	Magerston	vn. Md.
18. CAUSE OF DEATH [Enter only one ceuse per	line for (a) (b) and (c))	TIOD TOTOL	7111010	ab of b oo.	INTERVAL BETWEEN
DADT I DEATH WAS CALLESD BY					ONSET AND DEATH
IMMEDIATE CAUSE (+) Sub	arachnoid he	norrhage			39 hours
DUE TO					
Conditions, if eny, which) (b) Run	ture of aneu	rvem of let	ft. verteb	ral	
I gave rise to immediate cause !		Jom or 10.			39 hours
(o), siding ind disconying	ery)) Hours
ceusa last.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITIC	ON GIVEN IN PART T	PERFORMED?
None					YES X NO
200. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter netura of injury In I	Pert I or Part II of item 1	B.)	
None 200. Accident was underlying 20b. de or contribution cause of death (if fifther, notify medical examiner)					
	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	n, ! 20f. (City or town)	(Count)	y) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d White No. 19 et w.		ory, street, office bldg., atc.		(County	(31616)
	ork et work				
21. I certify that (I) (Mix XXXXX) atte	nded the deceased from.	Apr. 3	1962 10Apr.	5 192	, that (I) (We) las
saw the deceased alive on Apr.	52 , and that	death occured at	45 pm the ca	uses and on the	e date stated above
22e. SIGNATURE	, and ma	Geen Occurso at	//, 110111 1116 CE	10303 8110 011 111	22b. DATE
1220. SIGNATURE	mp.		MED. STAFF		-62 SIGNET
20 PHYSICIAN'S SUTE 7 7 2 mm TD T	16 7		Public S	7112 PA	
PHYSICIAN'S William T. La	lyman, M.D.		wn, Maryl		
					(C1-1-1
3e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OK CKEMATORY	23d. LOCATION (C		(Stete)
Burial 4-8-62	Rose Hill (Cemetery	Hagerst	own, Md.	
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D'D BY REGISTRAR 25	b. REGISTRAR'S SIG	GNATURE
Scott F. Minnich & Son	n Haganstawn	Med DATEAR	R 9 162	arthur S. F.	Tracks

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MARYLAND STATE DEPARTMENT OF HEALTH

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PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY V a. STATE COUNTY I b. CITY OR TOWN (if outside corporate limits, MARYLAND NASHINGTON TOWN (If ourside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HOURS Pages HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE DECEASED (Typa or print) DEATH 1962 within 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Days Months WIDOWED DIVORCED 25 USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MASH, Co. M.D. please 16. SOCIAL SECURITY NO. I INFORMANT 17. (Yas, no, or unkown) | (If yas give war or dates of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE (a) any, which gave rise to immadiata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION as PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, straet, offica bldg., etc.) Whila Not Whila Hour a.m. et work at work p.m. 21. I certify that (1) (this hospital) attended the daceased from ... M, from the causes and on the date stated above. DATE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICI 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, EMOVAL (Specify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S VR A15 (4) 3 '62

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05198 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission
×8 4	e. COUNTY e. STATE b. COUNTY
Ssar Page 1	Washington Maryland Maryland Maryland Washington C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
s neces.	writa RURAL end giva neerest town)
is necipilization your rd of	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1 e. IS RESIDENCE
yel de for	0.11
funer fained State eath.	Washington Cty, Hospital 1369 Marshall St. Ves No.
a State of the Sta	DECEASED
1. 17 1. 17	(Type or print) Lelia. Caroline Reigh 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 Hrs.
d 3 day kwith with rs af	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. Sex Graph 1
and and	Female White WIDOWED DIVORCED April 2, 1925 37 VII.
s 1, 2, 2, 3 age 5 and 72 h	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3000	Waitress Stouffer's Rest. St James Wash Co Md. U.S.A.
40202	13. FATHER'S NAME
> \	James Luther Wine Anna Lee Gochenour
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ver no r unbown) (Iffure injuryment of the feedules)
ted will fem 18. with for permit.	No 216-20-9879 Donald Reigh, 1369 Marshall St
in port	No
cil i	IMMEDIATE CAUSE (e) Comminuted Basilar Skull Fracture 12 days
d be	DUETO Compounded Through Cribriform Plate & Ethmoid Sinus
ould Offi	Conditions, if ony, which \ (b) Iento Meningitis Acute
s a sh	gave rise to immediate cause (e), stating the underlying DUE TO
ication in	cause last. (c) Cerebral Congestion & Edema
mon ion	
vord cal E	YES IN NO I
the well when we would should ale creater	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PRIMARY ST OF CONTRIBUTING CAUSE OF DEATH.
VER of M 3 sh urial	December in Torri that collided with a twools
日生活。	Passenger in Taxi that collided with a truck 20c. TIME OF INJURY Month, Day, Year 20d. PN/DRY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour e.m. While Not While factory, street, office bldg., etc.) 7.1. 2 10 6.2 et work et work to et work
017	Hour e.m. While Not While Street Hagerstown Washington Md.
cate to the to the prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I. Inquiry I. and in my opinion
T C G Life	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DIC e ce age	CHIEF MEDICAL EXAMINER
MEI the the forw	SIGNATURE A SUSSISTANT MEDICAL EXAMINER DATE SIGNED
KAI J	DEBUTY AUDICAL EVALUATION
NERAL designal	ADITI 10. 1907
should be its should be its funeral.	NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
09409	
NE ATEMS	23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR'S SIGNATURE
VS. A15ME	Andrew K. Coffman, Hagerstown, Md. DATE
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY (ddyrott Washington by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Hagerstown 9 Months Temple: Hills, Maryland 2 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5545- Selby Lane S.E. MICHAEL Western Maryland State Hospital completely 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH and col 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Female White August 3rd 1901 WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Domestic Richmond. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death attending Laura Whittaker and John H. Whittaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unknown) | (If yes give we ror detay of service) Pauline L. Poole Same as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: CUTE CORONARY OCCLUSION IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUF TO (e), stating the underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 0 use 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. Month, Dev. Year 20f. (City or town) While factory, street, office bldg., atc.) Not While Hour a.m. et work at work 21. I certify that (I) (this haspital) attended the deceased from 7. DIREC saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a BURIAL, CREMATION, 23b. DATE P S Aprilk 11th 62 St. Barnabas Cemeterv 0 Oxon Hall . Maryland 1661- Good Hope Rd. SE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Times

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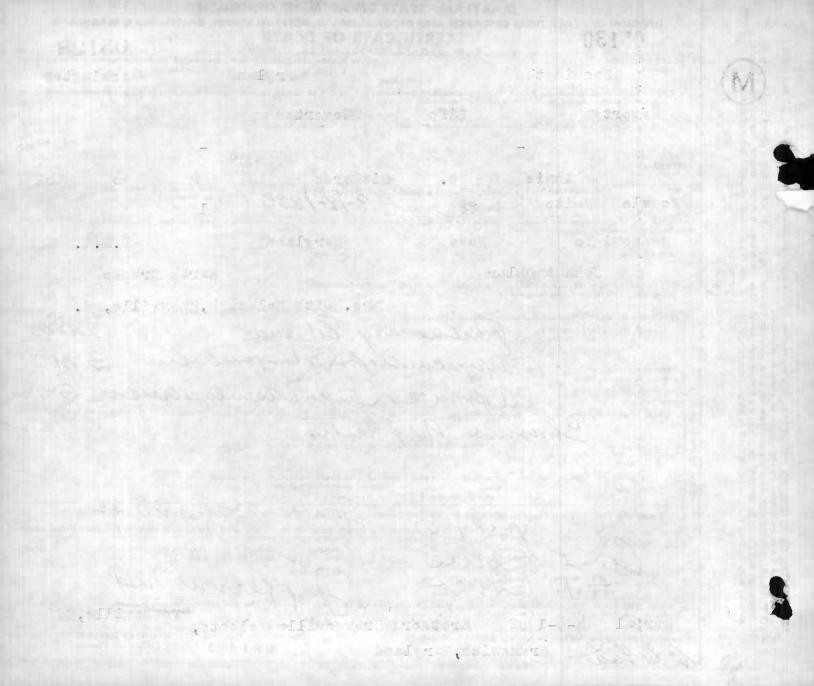
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/		o. CITY OR TOWN (if	outside corpora	ite limits, vn)		c. LENGTH OF STAY IN 70 YRS.	1Ь	e. CITY OR TOWN		rporate limits, wr	ite RURAL a	and giva	neerest town))
		308 N.	CANNO			ital, give street address)	1	d. STREET ADDRESS	WULEEE	PFY ST.				FARM?
ij	-	NAME OF DECEASED (Type or print)	MAR	First GAPI	T	Middle LORETTA		ROHRER	4. DATE OF DEAT		RIL	Day	Year 3 196	0
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		saw the decease				led the deceased from the dece							ate stated	abov
1		22c. PHYSICIAN'S NAME (Type)	Paul I Rober			adle	M.D.	ATTENDING PHYS. 22d. ADDRESS Hage rs	MED. DIRECTOR Stown	STAFF PHYS.		-19-		DATE
	23a	BURIAL, CREMATIC	DN, 236. DAI	E THEREC)F	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LO	GERSTO	own or cou	MD.	(Stal	ile)

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DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH funeral 7. USUAL RESIDENCE (Where daceased lived, If institution, Residence Det 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE WASHINGTON WASHINGTON the id 2 MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 by an write RURAL end give nearest town) HAGERSTOWN YRS. 5 Pages e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? N. MULBERRY WASHINGTON COUNTY YES NO 3. NAME OF 4. DATE Month Year First Middle Last OF DECEASED (Type or print) DEATH MARY 19 ANN SAMPSELL pou With 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 7. MARRIED P NEVER MARRIED last birthdey) and Days Months Hours Min. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) MARYLAND U.S.A. HOUSEWIFT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 Then please HARVEY MYEES ANNIE WOLF SAMBSELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT ova. (Yas, pr unkown) | (If yes give wer or dates of service) NONE MR. REGINALD F INTÉRVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e burial-transit DUE TO Conditions, if any, gave rise to immedieta causa DUE TO (e), stating the underlying causa last. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFOR MED 35 NO use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, offica bldg., etc.) While Not While Hour a.m. et work et work p.m. 9 21. I certify that (1) (this hospital) attended the deceased from. should saw the deceased alive DATE 220. SIGNATURE 22b. SIGNED ATTENDING MED DIRECTOR PHYS. PHYS. M.D. eged 22d. ADDRESS 22c. director, (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVATT CHURCH 9 256. REGISTRAR'S SIGNATURE 25a. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

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IO HOT TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	deat. 6 4 may be retained by the hospital or attending physician.	E TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i	director, page 3 should be detached for use as the burial-transit permit. Then please Temove carbon papers. Pages	be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

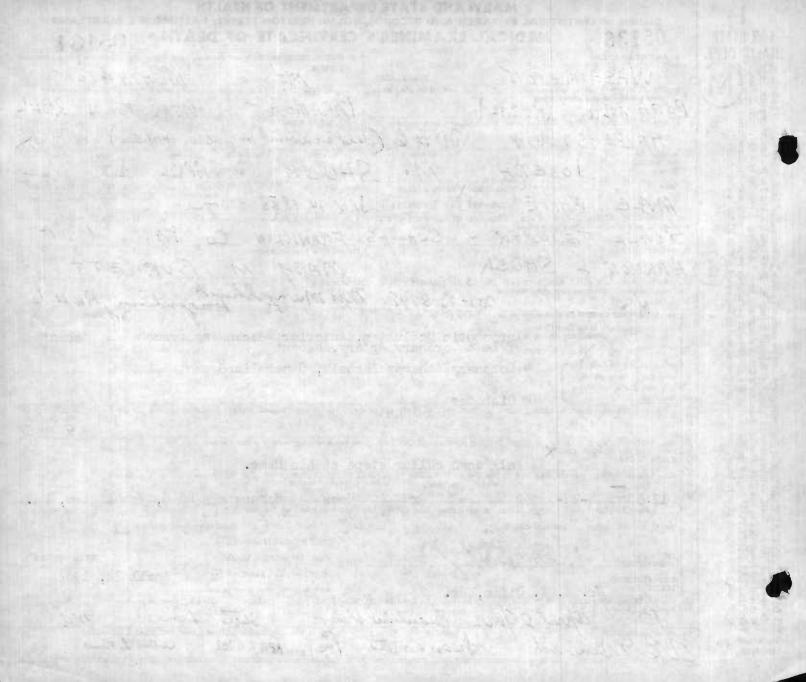
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1. PLACE OF DEATH					stitution: Residence before admission
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	f outside corporata limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outsida corporata limits, write R	RURAL end give nearest town)
HAGIRST		LIFE		RSTOWN	
	ASHINGTON	in hospital, give street eddress)	710 W.	WASHINGTON S	Is resident on a farm yes \[\] no \[\]
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Yeer
(Type or print)	GEORGE		HMIDT	DEATH APRIL	5 1962
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS
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GOTTLIE	B SCHMIDT		SUSAN AN	IN MAISACK	
15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES? fyesgive war or detes of service	-1	INFORMANT		RSTOWN
(1.10) [24]		NONE M	RS. HELEN J	OHNSON	MD.
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geve rise to immedi	ate ceusa				
(a), stating the us	nderlying (c)				
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OH OH					YES NO
E 200. ACCIDENT W	AS UNDERLYING [] 206	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Part I or Pert II of item 1B.)	100
OR CONTRIBUTING	CAUSE OF DEATH				
		20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n. ' 20f. (City or town)	(County) (Stete)
20c. TIME OF INJU	, , , , , , , , , , , , , , , , , , ,	WhileNot While fac	tory, street, office bldg., etc.		(0.0.0)
	19	at work at work	111112	1 1/1700	7.44
21. I certify the	hat (I) (this hospital)	attended the deceased from	N. 45166	19	19, that (I) (we) la
saw the deceas	ed alive on	19and tha	death occured at	M, from the causes at	
22e. SIGNATURE	3	Lewos ,		MED. STAFF DIRECTOR PHYS.	4/6/62 ^{SIGN}
22c. PHYSICIAN'S NAME (Type)	Howard N.	Weeks, M. D.	22d. ADDRESS 136	N. Potomac St	reet
238. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify)	4/8/62	ROSE HILL	CEM.	HAGLESTOWN	V MD.
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS A		D'D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
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STATE		05135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0513	3
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M		0	RESIDEN N A FAR
the State	3.	NAME OF First Middle Last 4. DATE Month Day YOU DECEASED (Type or print) BILLY WELLINGTON SHEPLEY DEATH APRIL 15	□ NOX 'ear %2'
nd 2 with hours af	10	MATE WHITE WIDOWED DIVORCED NOV 11 1917 last birthdey) Wonths Days Hours B. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
within 72		TNSPECTOR STATE ROAD COMM HAGERSTOWN, MARYLAND U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ny evep	15 (Y	WILBUR WELLINGTON SHEPLEY WAS DECEASED EVER IN U.S. ARMED FORCES? As, no, or unkown) (If yasgiva war or datas of service) NO 21710 3017 SHIRLEY M. SHEPLEY FUNKSTOWN, MARYLAND	C
ed as a burial-transit i, or removal, and in		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Thrombotic Occlusions, Anterior Descending And DUE TO Right Coronary Arteries Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. (c) Pulmonary Edema	D DEATH
should be us	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERLY 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	FORMED?
t Page 3 sor to buring	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar Hour e.m. 20d. INJURY OCCURRED Whila Not Whila et work et work 19 et work 19	(Sleta)
RECTOR		21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection , Inquiry , and in my death resulted from: Natural causes x, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	opinion
esignated		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 14-20-62 DATE SI EXAMINER'S NAME (Type) F. W. DITTO AR M. D. Address (Street city town or county) HACEP STOWN MARY	st.
TO FUNER or its desig	228	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL. APRIL 21 1962 ROSE HILL CEMETERY HAGERSTOWN MARYLAND	(LAND
5ME 0	23	SUTER-ROUZER HAGERSTOWN MARYLAND DATE 240. REGISTRAR'S SIGNATURE DATE	

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1	MARYLAND STATE DEPARTMENT OF HEALTH
TOD OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05136 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05134
MEALIH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission a. STATE b. COUNTY
S S S S	WASHINGTON MARYLAND MA WASHINGTON
S F T IAI	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
is no single of	PARAMOUNT (RURAL) TARAMOUNT X HAGERSTOWN KAPE
Boa Boa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) HAGERS TOUIN RD # 6 deed on annual Hagenlaun Hospital) e. Is RESIDENCE ON A FARM! YES TOUIN
fune fune sinec tate ath.	3. NAME OF First Middle Last 4. DATE Month Day Year
If any the the She She She She	(Type or print) JOSEPH M, SHUCK DEATH APRIL 23 1962
3 to Se	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and may	MALE WHITE WIDOWED DIVORCED JAN 14.1888 Last birthdey) Months Deys Hours Min.
2, 2, e 5 and 2 ho	10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Page 1 s 1 a	SCHOOLS FRANKLIN CO. PA 4-S-A
Page Page Withi	13. FATHER'S NAME
In Page 1	HARMON L SHUER MARY M. BURKETT
Month for for eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkgwn) (Ifyasgivawarordatasofservice) 219-24-3798 Mrs Mary Shack Address RD # 6
em with with serm	N A A A A A A A A A A A A A A A A A A A
in It	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
and and	MMEDIATE CAUSE (a)Thrombotic Occlusion, Anterior Descending Branch Recent
fice frice frice val,	
shou s o o o	geve rise to immediate cause
iner iner iner or r	(e), stating the underlying cause last. (c) Diabetes
xam xam con, con,	
and	PERFORMED? YES X NO
Thi we we sedic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOSPY PERFORMED? YES NO PRIMARY OF CONTRIBUTING A 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.)
S sh Mriad	Tell down cellar stens at his home.
Chilir Chilir o bu	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) Hour Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) Hour Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)
XA when we have	
fical TO Pri	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection, Inquiry, and in my opinion
CA ded ded ded	death resulted from: Natural causes x, Accident , Suicide , Homicide , Undetermined manner
the war	ACTUAL SALES ACTUAL SYMMINER ACTUAL SYMMINER ACTUAL SYMMINER ACTUAL
MI for the formal for mater	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L
NERAL designal	EXAMINER'S
DE de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la	226. BURIAL, CREMATION, 22b. DATE THEREOF , 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stets)
0 0 4 0 p	REMOBIL (Specify) april 25/1962 Beautiful Vieir State Line md
VS. ATSME ()	23. FUNERAL DIRECTOR ADDRESS ADDRESS
5M 7/59	W.E. Minnich Green eastle /a DATE APR 26'62 arily & thomas



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

1962

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

week

vears

PERFORMED?

NO X

(State)

22b. DATE

(Stata)

SIGNED

Year

15M 9/60

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hours after certificate death requires that the

VR A15 (4)

P3 A 1 22 160 Lagarotona Bull June Indiana Character Telegraphy Thursday motentions ESTREMENT OF THE STATE OF THE SECOND CORP. The Company of the control of the co Thomas creation of the control of th 573-07-7453 miss commission newscr. Newscr. 1. J. The part of the second of the School State Wa. Tool Femiliar, M. 2. C. Commission of Total as Stor, at aretown, Mr. Bill . DO James Little Viceo Dellaws Usine Viceo Copy | 1111 Care Con. U. C. DIE TO THE THE PARTY OF THE PAR

TE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05139 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CON DAR c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours after AGERSTOWN WEEKS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE ON A FARM? ELL MOSPITAL OONSBORD YES NO completely DECEASED OF (Type or print) B. DATE OF BIRTH DEATH 1962 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS. . ₹ last birthday) WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired WIFE HOUSE V attending pue NO RECORD emoval, (Yes, no, or unkown) | (If yes give war or detes of service W. STONEBERGER SR. BOOMBORD M 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Perl I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER DIRECTOR: After the MEDICAL 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 2Df. (Cily or town) (County) fectory, street, office bldg., etc. While Not While Hour e.m. et work et work June 21. I certify that (I) (this hospital) attended the deceased from. 12/4 1962, and that death occured 4.P.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF FUNERAL TO FUNERAL director, page PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ECONDAR1 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) EMOVAL (Specify) JOONSBORD DUONS BORD 25% REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERALADIRECTOR'S VR A15 (4) DATE APR 2 3 '62 1SM 7/61

25.130 ENGRACE CONTRACTOR OF THE PROPERTY OF THE PROP THE TOTAL THE THE PARTY OF THE HOUSE WIFE TO SHOW HOME WETANLEY VINCINIE CHANGE BELLER CHARLE CAMALE MARKY WE STONEBERGER ST. BONGERS MDEL THE REPORT OF THE PROPERTY OF BOLL ON BUSINESS THE DELLE

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
funeral should	1	PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission e. STATE b. COUNTY
24 hour he i and 2 ar desth	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Williams port MARYLAND Fennsylavania c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Williams port Smos. 1750s. Waynesboro 75 x 3
y filled in Pages ours afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Williams Port Sanitarium a35W. Second St. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
ompletel		3. NAME OF DECEASED (Type or print) Nettie Warnick DATE Month Day Year OF DECEATE DECEASED OF DEATH April 14 1962
an and c e carbon		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED August 10, 1869 9. AGE (In years last birthday) Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY X. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
physicia e remov		done during most of working life, even if retired) Willow Hill, Pennsylavania W.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
tending en pleas		William W. Stringer Elizabeth Miller 15. WAS DECEASED EVER IN U.S. ARMED ESSORIES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((Ifyesgive werror detes sofservice))
ss that the sian. by the element. The remova		18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: (18) OF UNKNOWN) (Interval Between on St. Way A ES begro, PA. (Interval Between on Set and Death Ones and Dea
v require g physic signed I ansit pe ation, o		DUE TO DUE TO DE TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT
The lav attendin as been burial-tr		course last. (b) Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last. (c) Corterior february Mesocar dut: 2 que
CIAN: pital or ificate h a as the r to bur		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSI the hos this cert d for use		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
NDING sined by R: After detache t. of Hea		20c. TIME OF INJURY Month, Day, Year Port 20d. INJURY OCCURRED Steel Hour e.m. P.m. 19 20d. INJURY OCCURRED Steel, office bldg., etc. 20f. (City or fown) (County) (Stete)
ATTEN V be retail RECTOR: could be deliate Dept.		21. I certify that (I) (this hospital) attended the deceased from 1967, to 47, 1967, That (I) (we) las saw the deceased alive on 1967, and that death occurred at 2, M, from the causes and on the date stated above
AL OF A May SRAL DIS page 3 sh with the 5	,	22e. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS.
HO ath. FUNE ector, filed		NAME (Type) 17.13.13170 NIM M.D. Way Les Con Con Control 236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stets)
다 이 마 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프 프	1	REMOVAL (Specify) 1/1/7/62 GREEN HII WAYNES BORD, PENNO, 14 FUNESAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
15M 7/61	L	Haller of Grove Waynestorio, Penna DATE MB 19'62 arthur S. Thims

The summer of the second secon

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05141 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05139
EALTH DEPT.	PLACE OF DEATH a. COUNTY Washington County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence bafore admission by County W. Va. Morgan
M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland W. Va. C. LENGTH OF STAY IN 1b Sleepy Creek 85 x 3
P. Source	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington County Hospital d. STREET ADDRESS o. IS RESIDENC ON A FARM YES X NO
o the fu e retain the Sta er deat	NAME OF DECEASED (Type or print) Isaac S Ray Watson ADATE Month Dey Year OF DEATH April 7, 1962.
and 3 to may b 2 with ours aft	M White WIDOWED DIVORCED 2/4/62 B. DATE OF BIRTH 2/4/62 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isomorphis Isomorph
es 1, 2, Page 5 s 1 and n 72 ho	a. USUAL OCCUPATION (Give kind of work paraduring most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) North Carolina U.S.
PM3.	Julius H. Watson Juanita K. Fox
The form within y system	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unkown) (lifyesgive war or dates of servica) no noe 18. CAUSE OF DEATH (Enter only one cause par line for (a). (b). and (c).
cate should be execunding" in pencil in the inner's Office along and as a burial-transit por removal, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Interstitial Pneumonia DUE TO Conditions, if any, which gave risa to immadiate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH O
This certification word "peedical Examould be use cremation, cremation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.)
KAMINER, writing the Chief M Page 3 short to burial, or to burial,	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, feedory, street, office bldg., etc.) feedory, street, office bldg., etc.)
certificate reded to it its its its its its its its its its	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection , Inquiry , and in my opinion death resulted from: Natural causes x, Accident . Suicide , Homicide , Undetermined manner .
TY MEDI be forwar RAL DIR ignated ag	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT
should be for Frunce August 1 to designal	NAME (Typa) DP E W Ditto Jr Address (Street, cliy, town, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) (Stete)
As VIEWE	Burial 4/10/62 Shriver's Cemetery Morgan County, W. Va. B. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	foresul f Sine Hancock med DATE APR 10'62 ailun S. Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05142 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give naerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give size address) 4cars IS RESIDENCE ON A FARM? YES NO W completely NAME OF 4. DATE Middla Month Vear DECEASED (Type or print) DEATH 196 ONIA carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED A DIVORCED yrs. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Hamstein 14. MOTHER'S MAIDEN NAME Caroll Co HOUSE WIFE please 2 attending Benson Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas giva war or dates of servica) Hagers Tod 18. CAUSE OF DEATH (Enter only one cause pe lina for (a) (b), and (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immadiate causa DUE TO (a), stating the underlying causa last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Sounty) (Stata) Month, Day, Year factory, straat, fica bldg. While Not While Hour a.m. at work p.m. 21. I certify that (I) (this hospital) the deceased from death occurred at Land. and that from the causes and on the date stated above saw the deceased alive on. 22a. 22b. DATE ATTENDING STAFF DIRECTOR PHYS. PHYS. FUNERAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed w 236. DATE THERE 230. BURIAL, CREMATION, MAMP OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) MARY AND DATE

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VR A15 (4 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05143 05141

00110	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)
Washington MARYLAND	b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
write RURAL and give nearest town)	/ 2 Hagerstown
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	ON A FARM?
Washington Co. Hospital	1212 Glenwood Avenue YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaar OF
(Type or print) HARRY EARL WEAGLEY SR	DEATH April 24, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Lest birthday) Months Days Hours Min.
Male White WIDOWED K DIVORCED	May 26, 1892 69 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) Salesman Retired	Rouzersville, Fennsylvania. USA.
Salesman Retired 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ida Kinsel
William Weagley	
(Ver no or unknown) (((functive war or dates of service)	TING CI B OOM II, M.C.
No 217-10-3455 F1	orence M. Sheaffer, 600 g Guilford Ave
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MAKEDIATE CAUSE (*) TIMEMIA	2-3 days
4 0 X DUE TO	
	kidney, right; stag-horn Indefinit
geve rise to immediate cause (a), stating the underlying DUE TO calculus right	7 7 01 - 11
cause last. (c) Anemia secondar	y Indefinit
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Advanced chronic osteitis	YES NO
Advanced chronic osteitis 206. Accident was underlying 20b. describe how injury occured of contributing cause of death (if either, notify medical examiner)	D. (Enter nature of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour e.m. WhileNot While	ctory, street, office bldg., etc.)
	62 121 62
21. I certify that (I) (this hospital) attended the deceased from.	April 6 19 62 to April 24 19 62, that (1) (we) last
saw the deceased alive on April 24 19.62, and tha	t death occured at
22e. SIGNATURE	ATTENDING MED. STAFF 11 10 5 16 SIGNED
18/ Ulmers	M.D. ATTENDING MED. STAFF PHYS. \(\square\) 4/25/62 SIGNED
22c. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D.	22d. ADDRESS 148 West Washington Street
	OR CREMATORY 123d, LOCATION (City, town or county) (Stete)
REMOVAL (Specify)	
Burial 4/27/62 Weltys Cer	GREENSBURG, Pa.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Andrew K. Coffnan Hagerstown, l	Marylander APR 26'62 Out & King
	The state of the s

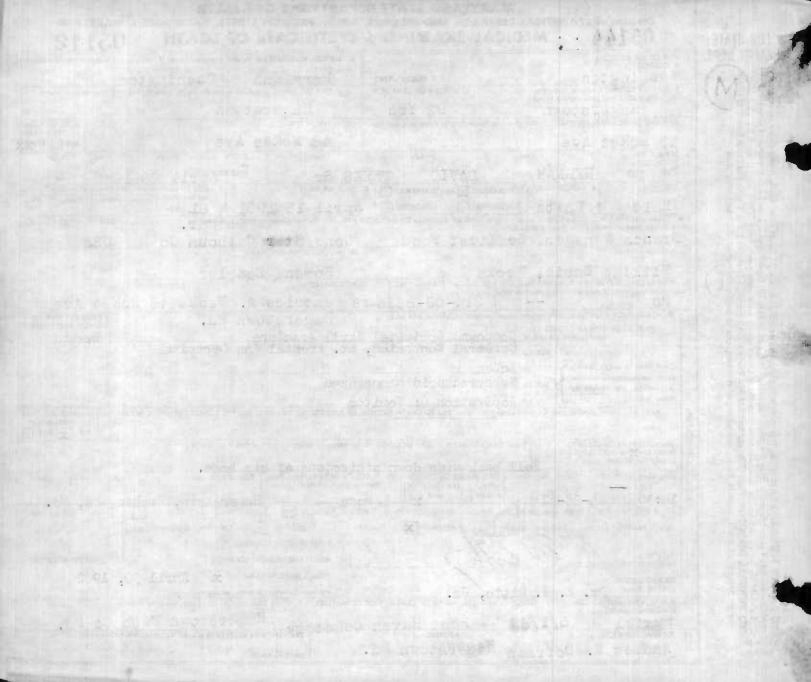
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			The second second	
March at 1				
A Par	£ 3			
	1-10-05 F94 (200 1714)	and the sample of	William Continue	

FOR STATE TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 05144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05142 05142

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Washington MARYLAN	o. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	TOTAL YEAR OF THE STATE OF THE
write RURAL end give neerest town)	
Hagerstown 22 Yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Hagerstown d. STREET ADDRESS
	ON A FARM?
48 MoKee Ave	48 McKee Ave
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) HERMAN DAVID	WEEKS Sr DEATHApril 28 1962 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	April 15 1901 61 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Siete or fore Country) 12. CITIZEN OF WHAT COUNTRY?
Branch Manager Sealtest Foods	7 01 0 23
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Daniel Weeks	Rowena Zeagler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unknown) (Ifyesgivewerordetesofservice)	
	Mrs Beatrice A. Weeks 48 McKee Ave
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	Hagerstown Md. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Occipit:	ONSEL AND DEATH
900.0 Cerebral Contusion	on, Rt. Frontal And Occipital
Conditions, if any, which \ (b) Lobes	, and a second s
geva rise to Immediate cause	was who are
(e), signing the underlying	
cause last. (c) Aspiration Of Vor	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
IV IV	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL 206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF PEATH.	ED. (Enter neture of injury In Pert I or Pert II of item 1B.)
I hoofwronde deum	stairsteps at his home.
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e While Not While 10e 20e While 10e 20e 20e	p. PLACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State)
Hour While Not While et work et work	factory, street, office bldg., etc.)
10:30 P // #2/0=0/	Home Hagerstown, Washington, Md.
21. I certify that I took charge of the remains described above	
death resulted from: Natural causes , Accident X,	Suicide , Homicide , Undetermined manner
1 5/18	CHIEF MEDICAL EXAMINER
SIGNATURE N. CO SULTO	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	DEPUTY MEDICAL EXAMINER & April 30, 1962
NAME (Type) Dr. E. W. Ditto. Jr.	Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	en Cemetery Hagerstown Wash Co Md.
23. FUNERAL DIRECTOR ADDRESS	en Cemetery nagerstown Wash Co Md.
Andrew K. Coffman Hagerstown 1	2 14



MARYLAND STATE DEF
DIVISION OF STATISTICAL RESEARCH AND RECORDS,

PARTMENT OF HEALTH

	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
05145.	CERTIFICATE OF DEATH	05143
OF DESTU	II O VIGITAL DEGIDENCE WALL IN	and the district of Delder before

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Hagerstown 4 years	Xrural Smithsburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Western Maryland State Hospital	RFD ON A FARM?
3. NAME OF DECEASED (Type or print) Lydia Elizabeth	Wiles 1. DATE Month Dey Year QP DEATH 4. DATE DOY Year QP 1962
T. MAKNED BE ITETER MAKNED	DATE OF BIRTH 9. AGE (In y ars IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
	Aug. 6, 1882 79 yrs. Months Days Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 USEWITE	11. BIRTHPLACE (County & State, or foreign country) Frederick, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Gerlach	Unknown
75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) [(Ifyes give wer or detes of service)	INFORMANT Address
no Ro	by L. Wiles, RFD 2, Smithsburg, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VEIN A	ONSET AND DEATH
-32	3 Weeks
Conditions, if any, which (b) Chronic	nephritis 5 years
DULLAU	Leginaris J
(e), steting the underlying DUETO	
(C)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
Arterio scleratio ho	2 art disease YES NO IN
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter natura of injury in Part I or Part II of itam 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Oct 29 19 53 to AD 22 19 59 that (1) (we) last
	death occured at AM, from the causes and on the date stated above.
226. SIGNATURE	22b. DATE
found & Chun M	ATTENDING MED. STAFF APYLL 22 SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Denna Ave Hagerstonn au
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Slale)
burial 4-24-62 Rest Haven	Cemetery Hagerstown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son, Smithsbur	eg, Md. DATE APR 26'62 archus & thous

9 10 4 ALEXAY. Leginger athra on alvani nyades Truderios, M. Biron: BU Mone Manualt 1. Milen, Nicht, der hautet, ac. SERVICE SERVICE SERVICE SANDERS buffel 4-12-62 Load Hayen Compteny 18 gerstyng, 186. Mendet F. Minatah & don, Belt thabarg, mr. - ** 200 and material & done

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) y is necessary, director. Page or your-files. e. COUNTY a. STATE b. COUNTY Washington Maryland ashington MARYLAND b. CITY OR TOWN (il outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporele limits, write RURAL end give neerest town) write RURAL and give neerest town) Hagerstown wks. Hagerstown funeral dire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS Washington Co. Hospital W. Franklin Street 601 retained he State B 3. NAME OF Middle DATE Month Day to the DECEASED OF the (Type or print) DEATH ALLEN April 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Male 31,1911 WIDOWED DIVORCED [October 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ould be executed within 24 hours at "in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit, Jile pages 1 and done during most of working life, even if retired) Aircraft Machanic Fairchild Aircraft. Meridian, Mississippi. 13. FATHER'S NAME Corp. 14. MOTHER'S MAIDEN NAME Ruby Dowdle Claude Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Williams, 601 (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Margaret No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause 10 DUE TO execute the certificate, writing the word "pendin Id be forwarded to the Chief Medical Examiner' (a), steting the underlying cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.) 20s. EXTERNAL CAUSE WAS the Cr. Aburials PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While prior at work et work **0.** 計 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry and in my opinion forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execute should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMERTY OR CREMATORY 22e, BURIAL, CREMATION. 22d. LOCATION (City, Iown, or country) REMOVAL (Specify) 0 540 g 4/6/62 Burial Hagerstown 246. REGISTRAF 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR VS. A15ME Andrew K. Coffman, Hagerstown 5M 9/60 Chilling & Thous

DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO F

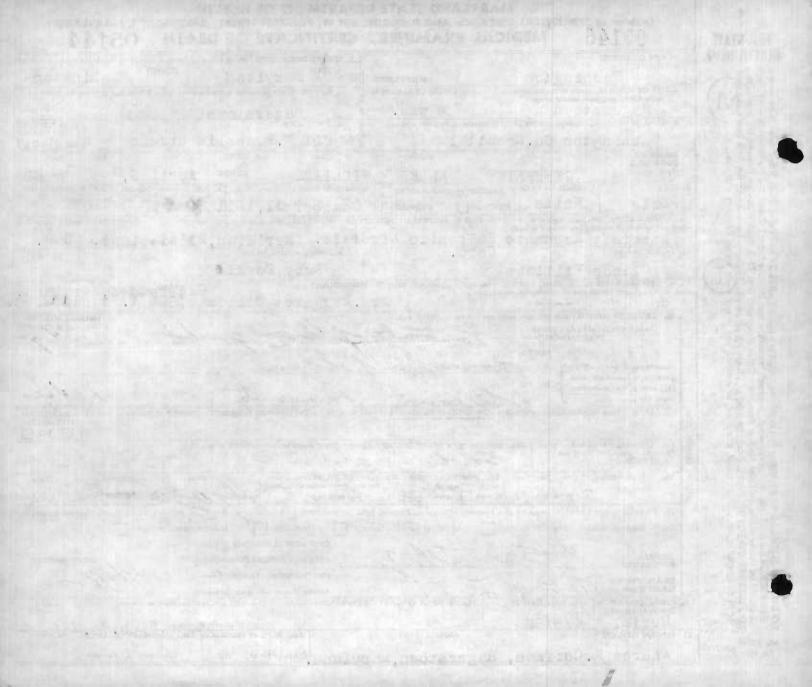
IF UNDER 24 HRS

PERFORMED? NO A

(Stete)

(State)

62 19



I I		00136	CERTIFICA	TE OF DEAT	ON STREET, BALTIMO 'H	05145
	1. PLACE OF DEA	TH				stitution: Residence before edmission)
I		Washington	MARYLAND	e. STATE Ma	ruland b. COUNTY	Washington
	b. CITY OR TOW	N (if outside corporete lim	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write R	
ı		Hagerstown		03 Ha	gerstown	
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
ı	Wash	ington Count	ty Hospital	20	O Taylor Ave.	YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print)	Sal	die Rlanche	Walte.	DEATH Annil.	2 1962
_	5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years IF last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	WIDOWED DIVORCED	May 7, 1884	77 yrs.	Months Days Hours Min.
Ī	10a. USUAL OCCUP	ATION (Give kind of working life, even if retin	k IDB. KIND OF BUSINESS OR INDUST		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	Housew 13. FATHER'S NAMI	ite	Own Home.	Bakersvill	e. Wash. Co. Md.	USA
	20	hn L. Davis	RCES? 16. SOCIAL SECURITY NO. 17.		Ellen Sellers Addross	
	15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FOI (Ifyesgive were detes of	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No		None Mr.	2. E. Pleasan	t R# 4 Hager	stown, Md.
			e cause per line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Pulmonnay E	1m 30		2 was.
	7	DUE TO				
1	Conditions, if		Acuté Concis	TOASH SUIT.	- rancurci	5-6 HRS.
1	gave rise to imm					2/
		(c)		THMA		YZ+R3
	cause last.		ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	
		HER SIGNIFICANT COND.				PERFORMED?
		ERTZYESIVE	CHEBIO- NASCHINE			YES NO
	PART II. OT		20b. DESCRIBE HOW INJURY OCCURE		Pert f or Pert II of item 18.)	
1.	PART II. OT	WAS UNDERLYING ON CAUSE OF DEATH FY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJURY OCCURE or 20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in ACE OF INJURY (Home, far.	m, ; 20f. (City or town)	
	PART II. OT	WAS UNDERLYING WAS UN	2Db. DESCRIBE HOW INJURY OCCURE or 20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in	m, ; 20f. (City or town)	YES NO
	PART II. OT	WAS UNDERLYING WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye 1. 19	20b. DESCRIBE HOW INJURY OCCURE or 20d. INJURY OCCURRED 20e. PL While Not While fa et work et work	D. (Enter nature of injury in ACE OF INJURY (Home, faractory, street, office bldg., etc	m, 20f. (City or town)	YES NO (County) (State)
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF II Hour e.r p.i 21. certify	WAS UNDERLYING WAS UN	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While of work of work tal), attended the deceased from	D. (Enter nature of injury in ACE OF INJURY (Home, far, ctory, street, office bldg., etc.	m, ' 20f. (City or town)	(County) (State)
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF II Hour e.r p.i 21. certify	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye that (I) (this hospi passed alive on	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While of work of work tal), attended the deceased from	D. (Enter nature of injury in ACE OF INJURY (Home, far, far, far, far, far, far, far, far	m, 20f. (City or town) c.) 19, to	(County) (Stete) , 19, that (I) (we) last and on the date stated above.
	PART II. OT 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF II Hour e.r p.: 21. I certify saw the deco	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye that (I) (this hospi passed alive on	20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURRED 20e. PL While Not While fe et work et work fe ital) attended the deceased from 19 to 2., and the	D. (Enter nature of injury in ACE OF INJURY (Home, faring tory, street, office bldg., etc.) at death occured at ATTENDING.	m, ' 20f. (City or town)	(County) (Stete) , 19, that (I) (we) last and on the date stated above
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN Hour e.r P.1 21. certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN	WAS UNDERLYING WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye h. 19 that (I) (this hospi based alive on	20b. DESCRIBE HOW INJURY OCCURED 20e. PL While Not While et work 12 to the work 1	D. (Enter nature of injury in ACE OF INJURY (Home, far, far, far, far, far, far, far, far	m, 20f. (City or town) 19, to	(County) (Stete) (County) (Stete) (Stete) (County) (Stete) (Stete) (Stete) (Stete) (A) 2 (C Z
	PART II. OT PART III. OT PART I	WAS UNDERLYING WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye h. 19 that (I) (this hospi based alive on	20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURRED 20e. PL While Not While fe et work et work fe ital) attended the deceased from 19 to 2., and the	D. (Enter nature of injury in ACE OF INJURY (Home, far, far, far, far, far, far, far, far	m, 20f. (City or town) 19, to	(County) (State) (County) (State) (State) (State) (State) (State) (State) (State)
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN Hour e.r. p.: 21. I certify saw the dec 22e. SIGNATUR 22c. PHYSICIAR NAME (Ty	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Ye that (I) (this hospi passed alive on	20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURRED 20e. PL While Not While et work 1 tal) attended the deceased from 19 (2.2., and the	D. (Enter nature of injury in ACE OF INJURY (Home, fartetory, street, office bidg., etc.) at death occured at ATTENDING PHYS. 22d. ADDRESS 218	m, 20f. (City or town) 19, to	(County) (Stete) (County) (Stete) (A) (A) (C) (C) (C) (C) (C) (C
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF II Hour e.r p.i 21. I certify saw the dec 22e. SIGNATUR 22c. PHYSICIAN NAME (Ty	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Dey, Ye that (I) (this hospi passed alive on	20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURED 20e. Pt While Not While et work 1 attended the deceased from 12 and the Fender, M. 23c. NAME OF CEMETERY	D. (Enter nature of injury in ACE OF INJURY (Home, far, far, far, far, far, far, far, far	m, 20f. (City or lown) 19 to	(County) (Stete) (County) (Stete) (A) (A) (C) (C) (C) (C) (C) (C
	PART II. OT 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN Hour e.r P.: 21. certify saw the dece 22e. SIGNATUE 22c. PHYSICIAN NAME (Ty 23a. BURIAL, CREM REMOYAL (Spec	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) UURY Month, Dey, Ye that (I) (this hosp passed alive on	20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURED 20e. Pt While Not While et work 1 tal) attended the deceased from 12	ACE OF INJURY (Home, farctory, street, office bldg., etc.) at death occured ar. ATTENDING PHYS. 22d. ADDRESS 218 OR CREMATORY Cemetery	m, 20f. (City or lown) 19, to	(County) (State) (County) (State) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State)

Administration Courty Cospilal 200 Taylor Des

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M. Poel Fedder, M. W. 218 . Commad St., Sagistatudia, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH vithin 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY ashington MARYLAND Maryland Washington
c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5 Hagerstown Hagerstown 5 Days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. Pagin 72 hours ON A FARM? Wash County Hospital 901 Oak will YES NO K completely 3. NAME OF 4. DATE Middle Month Year DECEASED DEATH (Type or print) RUSSELL BOSTETTER YOUNG 19 within April 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months | Days Male White WIDOWED DIVORCED Mav physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Funkstown Wash Co Md. Own Properties USA Manager Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death pue Mary Bostetter Joseph A. Young Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Address removal, (Yes, no, or unkown) | (If yes give war or dates of service) physician. John B. Young 1141 Hamilton Blvd 219-36-4624 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Hagerstown Mdd ONSET AND DEATH PART I. DEATH WAS CAUSED BY been signed IMMEDIATE CAUSE (a) teret DUE TO attending if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH 4 may be retained by the DIRECTOR: After this 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Year While Not While fectory, street, office bldg., etc.) Hour e.m. at work at work 1962-10 APKI 14. 196 1-that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from APr. 14 19.6 1, and that death occured at 6.30 M, from the causes and on the date stated above. saw the deceased alive on A.D. Y.7. 22a. SIGNATURE ATTENDING MED STAFF SIGNED FUNERAL DIRECTOR PHYS. page with t 22d. ADDRESS 22c. PHYSICIAN NAME (Type DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 0.4 3 Hagerstown Wash Cemetery Haven Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) arthur S. Kraus 15M 7/61 Andrew K. Coffman Hagerstown Md. DATE

37133 Description of the contract of in andreased assist the contract of the contra Lvil not like left rotor if mild school of it. W. W. and an oder to said open and and an all the analysis The angelow of the life of the

		05149		CERTIFIC	ATE OF I	DEATH		051	47
A	I. PLACE OF DEA	TH			2. USUAL	RESIDENCE (Whe		Institution: Residence	e before admission
4	a. COUNTY	Washington	2.	MARYLAN	a. STATE	Maryland	b. cou	Washing	aton.
1	b. CITY OR TOWN	(if outside corporate lin		c. LENGTH OF STAY IN				te RURAL and give n	
	write RURAL e	and give nearest town)	- Y	50	12	Hannet			
1	d. NAME OF HO!	Hagerstown SPITAL OR INSTITUTION	Lif not in hose	50 yrs.	d. STREET	Hagersto	own		e. IS RESIDENC
						866 Dewe	0		YES NO
=	3. NAME OF	ington Coun	nost	Middle	Last	4. DA		th Day	Yanr NO X
	DECEASED (Type or print)	11 .			7.1	OF	ATH On a :		1040
-	5. SEX	Har	ч	Knode	Letter 1 8. DATE OF BIRT	er or	при	s IF UNDER 1 YEAR	1962 IF UNDER 24 HRS.
	44 4	6. COLOR OR RAC		NEVER MARRIED			9. AGE (In years last birthday)	Months Days	Hours Min.
	Male	write	WIDOWED			231,1879	82 yrs.		
	done during most of	ATION (Give kind of wo working life, even if retir	rk 10b. Kli ed)	ND OF BUSINESS OR INDI	USTRY 11. BIRTHPL	ACE (County & Stet	e, or foreign country	12. CITIZEN OF	WHAT COUNTR
	contractor	& Builder		Houses	Mt	Morris, 91	l.	USI	9
	13. FATHER'S NAME				14. MOTHER	S MAIDEN NAME			
1		Joseph H.	Zelle	2	1	Caura Ann	Knode		
		EVER IN U.S. ARMED FO	RCES? 16. 5		7. INFORMANT		Addres	\$5	
	No	(II yes give wer or opres of		4-34-0002	Mrs. H.K. Ze	eller 866	Dewey Ave	e. Hagersto	wn_Md_
		DEATH Enter only on		ne for (a), (b), end (c).]			20,00	INTE	RVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	(3	reinon	2 51	Pane	150-	S	TO 0
	15	DUE TO			7				
	Conditions, if e								
	gave rise to imm	ediate cause	-				THE THE		
	(a), steting the cause last.	underlying							
		HER SIGNIFICANT CONE		TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	IVEN IN PART 1(a) 19	. WAS AUTOPS
6	PART II. OTI		-						PERFORMED?
	D ACCIDENT	WAS UNDERLYING	20h DESC	TRIBE HOW INJURY OCC	IRFD (Enter neture o	of injury in Pert Lor I	Pert II of item 18.)		to E
	20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	IG CAUSE OF DEATH	200. 003	MIDE HOW MOOK! OCC.	onzo: (cino: noraro o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				NJURY OCCURRED 20e.	PLACE OF INJURY	(Hama farm 206	(City or town)	(County)	(Steta)
	20c. TIME OF IN		While	Not While	fectory, street, office		(City of lowin)	(County)	(51618)
			at work			1		100	
	21. I certify	that (I) (this hosp	ital) attend	led the deceased fro	om O.C.T. b	1961.,	to APY!!	1962: th	
	saw the deco	eased alive on	1.1.1.8	19.6.2, and	that deeth occur	red at \$30M,	from the causes	and on the dat	
		E /	, 1	11	ATTENDIN	NG MED.	STAFF		22b. DATE
	22e. SIGNATUR		160	mer	M.D. PHYS.	DIRECTOR	PHYS.		4/19/6
	22e. SIGNATUR	ala:			22d, ADI	DBCCC			
	22c. PHYSICIAN		JA	1		NI ()	1	11	1.
	Cla		MA	oFFmar	- 214	N. Peto		Hazent	our, In
1	22c. PHYSICIAN NAME (Ty	ATION. 236. DATE TH	EREOF .	OFFMER		N. Peto	LOCATION (City, In	Harenty)	(Stete)
1	22c. PHYSICIAN NAME (Ty	ATION, 236. DATE TH			- 2 14 ERY OR CREMATOR	N. Peto-	LOCATION (City, No.	Hazerst own becounty)	Md.
	22c. PHYSICIAN NAME (TY) 23a. BURIAL, CREM. REMOVAL (Special Surial) 24 FUNERAL DIRECT	ATION. 236. DATE TH	62	Rest Haves	ERY OR CREMATOR	N. Peto-	Hagerstow EGISTRAR 256. RI	own becounty) on EGISTRAR'S SIGNAT when & Krau	Md.

The Specificant	hawkash		Mashington	
	In a state of the	- Feb 65		
	Louis parkets and	Application	Was County of	d-Aspill
	Colonson Bull	katola	71.42	
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	xu la	20110	The Marie	automotive !
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ar year in second	Court, V. Zell en 866 Jenny Tire.	2922-181-1000		AA T